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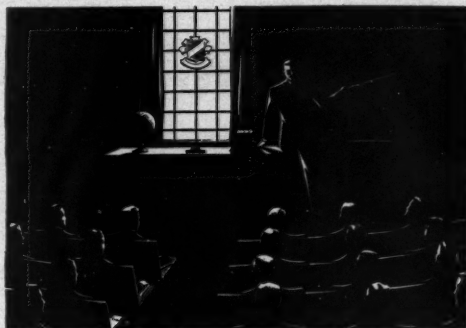
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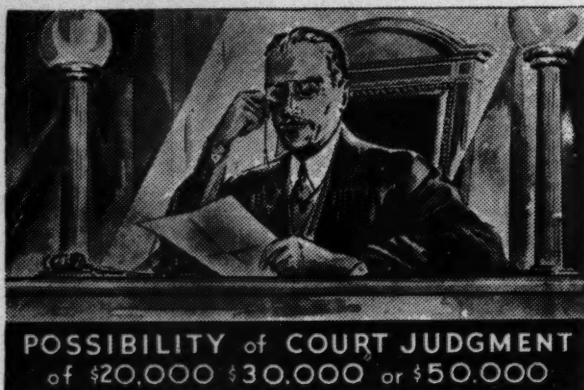


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(1) 1932. J. Amer. Med. Assn. 99, 215 and 301.

(2) J. Amer. Med. Assn. 110, 2150.

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IV. Some Accomplishments of Vitamin D Research

● By 1932, many of the basic facts concerning Vitamin D had been clearly established (1). At that time, the International system of denoting vitamin D unitage had not been universally adopted. However, the antirachitic potencies of a wide variety of biological materials had already been explored; the need for standardization of assay methods was appreciated; the minimum requirement of infants and children for vitamin D had been estimated; and the probable "multiple" nature of the vitamin definitely indicated. Since 1932, the importance of vitamin D in human nutrition and the challenge of the many unanswered questions regarding this factor have served to stimulate research both in the clinic and in the laboratory. It is of interest to note some of the outstanding advances made in our knowledge of vitamin D which the past six years have brought. It is now known that at least ten different sterol derivatives are capable of exhibiting the physiologic properties of vitamin D. Of these, only two may be considered of prime importance as far as practical application in human nutrition is concerned, namely, the activation products of ergosterol and 7-dehydro-cholesterol. The remaining forms are of considerable theoretical importance in that their identification has completely established the multiple nature of vitamin D (2). Further research has also defined more closely not only the vitamin D requirements of normal infants and children, but also of premature infants and those peculiarly susceptible to rickets. Apart from conditions of pregnancy and lactation, the possible re-

quirement of the human adult for vitamin D is still not known (3). The International system of expressing vitamin D potency has been universally adopted; bioassay methods have been standardized (4); and last but not least, a high degree of standardization has been attained, not only in regard to the antirachitic potency of Vitamin D preparations, but also as to the extent to which the vitamin D contents of certain foods should be increased by the various means available (3).

While some foods, including some canned foods of marine origin, are valuable food sources of vitamin D (5), no combination of common foods—as they occur naturally—can supply the demands of the infant and child for the antirachitic factor. Although there is no reason as yet to believe that the normal adult requirement for vitamin D is not largely fulfilled by a varied diet of protective foods, it is definitely known that the infant and child dietaries must be supplemented with or fortified by vitamin D.

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(1) 1932. J. Amer. Med. Assn. 99, 215 and 301.

(2) J. Amer. Med. Assn. 110, 2150.

(3) Ibid. 110, 703 and 1179.

(4) 1936. U. S. Pharmacopeia, XI Decennial Revision.

(5) 1935. J. Home Econ. 27, 658.

1933. Science 78, 368.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the forty-third in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.



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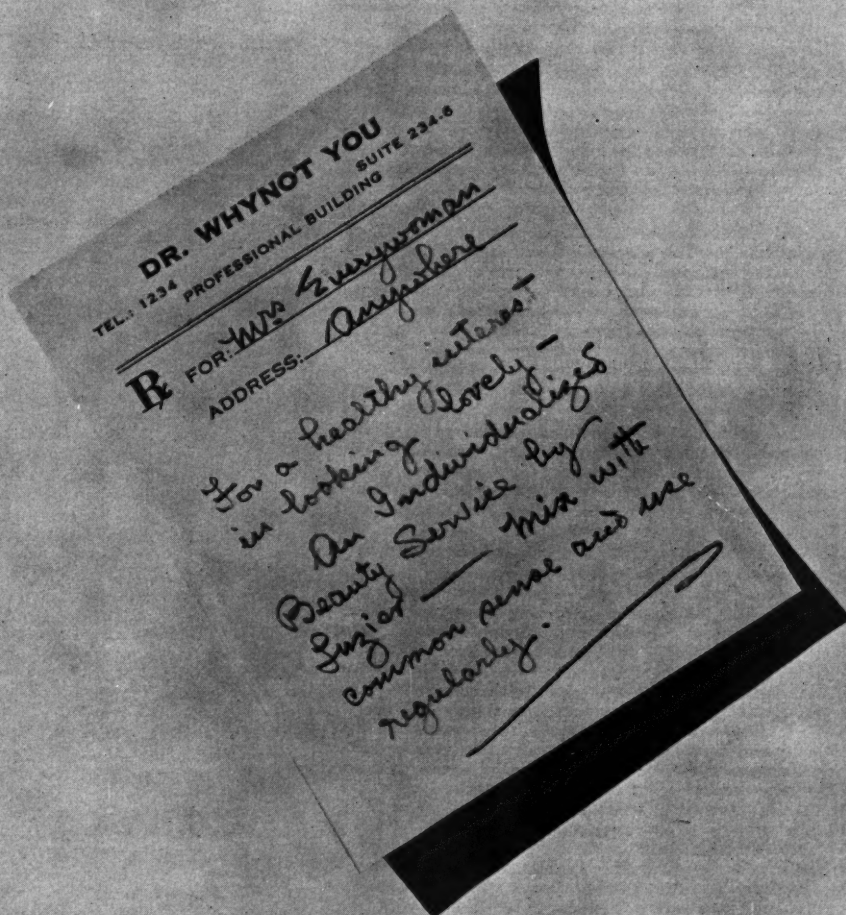
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MEDICAL SOCIETY OF DELAWARE PROCEEDINGS: 149th ANNUAL SESSION

October 11, 1938

TUESDAY MORNING SESSION

The First General Session of the One Hundred and Forty-Ninth Annual Session of the Medical Society of Delaware convened at ten-fifty o'clock in the New State House, Dover, Clarence J. Prickett, president of the society, presiding.

PRESIDENT PRICKETT: Gentlemen, the One Hundred and Forty-Ninth Annual Session of the Medical Society of Delaware will now come to order.

It is with real pleasure that I present to you my personal friend, the Reverend Dr. James W. Colona, pastor of Asbury Methodist Episcopal Church, Smyrna, Delaware, who will give the invocation. You will please rise. Dr. Colona!

REV. JAMES W. COLONA: Almighty God, our heavenly father, unto whom all hearts are open, and from whom no secrets are hid, we bow our heads in thy presence in the very beginning of this Session, expressive, we trust, of our feeling of reverence for thee and recognition of thy sovereignty in our lives. We look to thee, our heavenly father, as the source of all that is good and the giver of every blessing. Even life itself thou hast bestowed upon each of us, and we beseech thee that in the session that is just beginning here representing this state in a larger section of the world it may please thee to be present to manifest thy leadership in the messages that are brought and in all the discussions that go on in the handling of these affairs.

We ask thy blessings, our heavenly father, to rest upon the administration. May the President be sensible of thy divine guidance, and all of those who have anything to do with the handling of the interests represented in this State Medical Society not fail to look to thee for wisdom from above for their problems, and for courage and inspiration in the actual performance of their duties.

We beseech thee, O heavenly father, to cause us to realize that in the midst of all our daily work, in the pursuit of all our programs, there are things of a higher and spiritual nature which must have a real place in our lives, and the best type of character cannot be built except by the incorporation of the spirit and the ideals represented in the Master of Galilee. We pray that these unseen but spiritual realities may be dominant in the midst of this session here in this place. We pray thy blessings to rest upon every physician who comes from this state or from other states to take part in these sessions. Thou hast given to them a great task, and we thank thee that under thy providence this body of men has been raised up to give themselves to minister

for the protection and preservation of the life of the people committed to their care.

May the blessings of God attend each one here, and in the midst of his own work. And as they go about through the shadows of the night and through the day ministering unto those whose lives become so precious in their sight, may they be conscious that their skill and work will be supplemented by the healing powers of the Master himself, in the restoration and building up of life itself.

We ask thy blessings to rest upon those thousands of people of this state who are in hospitals and shut in in their homes with handicaps and afflictions of the body. In thine own mysterious way we beseech thee to reveal thyself to them as their great physician, restoring to health and strength, building them up in body and soul.

So we pray thee to be present, though we cannot see thee with the natural eye, and under the inspiration of thy spirit, through the guidance of thy wisdom and the unseen presence of power in the life of everyone, we pray thee to be present in all the ministration and give thine own divine handling to all the interests centered in this State Medical Society. We ask all of these blessings in the Master's name. Amen.

PRESIDENT PRICKETT: Thank you, Dr. Colona.

Gentlemen, we are indeed very highly honored this morning in having with us a man who is known throughout the state of Delaware and beyond, so esteemed by the people of Dover as to make him the Mayor of Dover for the fourteenth consecutive year. I now take pleasure in giving you the Honorable J. Wallace Woodford, Mayor of Dover.

HON. J. WALLACE WOODFORD: Mr. President, Members of the Medical Society of Delaware: As a usual thing we do not look forward with any peculiar degree of pleasure when we are about to visit the doctor. We sort of approach his office with faltering steps. But this is an unusual occasion this morning. Therefore, I have looked forward with a great deal of pleasure to the opportunity of greeting the doctors of this state upon the occasion of your annual meeting.

I believe that this is the second or third time that I have had this pleasure, and I am delighted to be here this morning. I am not going to indulge this morning in any stereotyped manner of address of welcome. I take it that most of you are Delawareans and therefore no formal word of mine is necessary to make you feel perfectly at home. In Dover we try to generate a bountiful supply of cheerful atmosphere so that the visitor to our city will be able to sense that atmosphere as he comes into the city. I hope that you have sensed the warmth of our welcome this morning and that you will continue to sense that during your sojourn with us.

The medical profession, like every other profession, has traveled a rough and rugged road since its early beginnings. Like other professions, it has passed through a transitional period. The medical profession has traveled a long way since the early days, for instance, of the Israelitish people who looked upon suffering as a penalty for sinning, something that God had sent upon the people as a penalty, and therefore it wasn't considered just the thing to help those in distress. To suffer was to be an outcast from society. The leper was shunned. And no one wished to consort with sinners.

Later on, in the Grecian period, there was a different attitude toward suffering and sickness. The Greeks, as we know, worshipped beauty, beauty not only in material things, but in the human body. Therefore sickness and suffering was looked upon as a blemish and the sufferer was given every encouragement to restore himself to health and harmony. That gave people a chance to help the sufferer, and in that period I believe the foundation of modern medicine was laid.

Then, later on in the Christian era we find still another attitude towards sickness, or towards health—"Whom the Lord loveth, he chasteneth"—and therefore the person who suffered from sickness was looked upon as the elite of society. He was receiving favor from the Lord, and it was a natural thing to help such people. Ministration to the sick was a pious endeavor. In this period, as you know, the great institution we know as the hospital was born.

Then, as we pass down to the present period, which we might call the scientific era, we find a still different attitude towards health, that of the unemotional divorcing sickness and health from superstition and from all the supernatural implications.

It might seem presumptuous on my part as a layman to bring to you these elementary facts in the history of medicine with which you are familiar, but I am doing it for the purpose of bringing out the fact that these transitions in medicine—like the transitions in every other profession and in the life of the world itself—have been largely due or due in part, to changed attitudes of people. The medical profession since its beginning has constantly set up new frontiers. These frontiers in medicine, as in every other phase of life, are symbols of suffering and sacrifice. The early frontiers of America represented suffering and hardship. Life in those frontier settlements was bare, but in those frontier settlements the real American spirit was born, the spirit of self-reliance and independence.

The thought that I want to leave with you this morning is that in this world in which we are living, so confused, in which people are so bewildered, it seems to me in this nation of ours we must set up a new frontier, a frontier of freedom. It was set up here over a hundred and fifty years ago, but we have sort of wandered away from it. Freedom has been such an intimate part of us, so close to us, that we are apt to treat it lightly. That is the way with most everything in life: The things that we prize most highly we are apt to take as a matter of course, and gradually they slip away from us. That is the way with this freedom which was set up here over a hundred and fifty years ago. We are in danger of losing that freedom.

History has a way of repeating itself. It moves in cycles. Back in the dim past we remem-

ber the life of the individual was of very little value. He was a sacrifice to be offered upon the altar of greed and avarice and nationalism. We find that same condition obtaining today. The issue is strictly drawn today between dictatorship and democracy. Dictatorship has very little appreciation of the value of the individual. It treats him with contempt. It denies his humanity. It robs a man of his moral and spiritual consciousness. It strips him of his manhood and leaves him just a fearful animal in the ranks of the mob.

Democracy, on the other hand, exalts human personality. The state exists for the betterment of the individual or for the benefit of the individual. So we find these issues closely drawn today as they were in the ancient times. That is the reason that we in America must raise a new frontier, the frontier of freedom. The trouble about all these "isms" which confront us today is that they are so plausible. They sound so reasonable as we look at them for the first time. It is only in the long range that we suffer disillusionment.

I am bringing these facts to the medical profession this morning because of the position which you occupy in every community. We all realize that there are certain people in every community who make up the bulwark of that community, the real community, and in this country we certainly need to raise up a bulwark against the encroachment of all these strange "isms" which threaten us today. And in this the medical profession has a part.

The changed attitude in the world since the beginning has meant progress to the medical profession. Changed attitudes in every phase of life sometimes mean progress or they can mean just the reverse. It is up to the real American citizen who believes in American tradition and the American principle to see that the attitudes of our people in every community are right, that they are in tune with the American spirit.

So I welcome you today because I believe that this medical profession through its influence in the community can do a great piece of work. We welcome you today because of the great contribution you have made to the life of the world. In the beginning the medical profession was concerned with the individual. Now it has enlarged its interest so that it takes in community affairs, looking after contagious diseases and the general health and welfare of the community. You occupy a prominent place in every community's life. For this reason I welcome you this morning to Dover, the capital of Delaware, and I hope that your stay with us will be pleasant and your deliberations profitable.

PRESIDENT PRICKETT: Thank you, Mr. Mayor. It is fine for you to be with us this morning.

The first scientific paper on the program this morning is by a man for whom I have indeed the greatest esteem. I now take pleasure in introducing to you Dr. I. S. Ravdin, George Leib Harrison, Professor of Surgery, University of Pennsylvania School of Medicine, who will speak to us on "Surgical Problems of Hyperthyroidism."

Dr. Ravdin!

Dr. Ravdin presented his prepared paper, illustrated with slides, which was discussed by Dr. H. V'P Wilson.

PRESIDENT PRICKETT: Gentlemen, the next order is luncheon at the Hotel Richardson at twelve-fifteen. I hope you will all be there. Dr.

Ravdin, I hope you will be able to stay for luncheon, too.

I also want to announce at this time that a preview of the motion picture, "Birth of a Baby," is to be shown at the Capitol Theatre this afternoon at four forty-five, just following our scientific program of the afternoon. They must have an endorsement of that picture before it can be shown throughout the state. It was endorsed, I believe, by the American Medical Association, and by a few states, with certain recommendations as to limiting the age of people attending the picture. We would like as many of you as possible to attend, since we must pass some sort of resolution regarding it.

We will resume our program here at two o'clock.

...Thereupon the session adjourned at twelve o'clock....

October 11, 1938

TUESDAY AFTERNOON SESSION

The session convened at two thirty-five o'clock, President Prickett presiding.

PRESIDENT PRICKETT: The meeting will come to order.

The first paper of the afternoon will be by Dr. E. A. Schumann, Professor of Obstetrics, University of Pennsylvania Medical School, who will speak on "The Classical Caesarean Section: Its Advantages and Technique."

DR. E. A. SCHUMANN: Mr. President, Members of the Delaware Society: It is a privilege and pleasure to come to this historic region and to see so beautiful a meeting room, though I did appear to be a legislator rather than a doctor as I sat in the Chair there.

...Dr. Schumann then presented his prepared paper which was discussed by Drs. C. H. Davis and W. T. Chipman.

I next want to apologize to Dr. Pincoffs for altering our routine. Dr. Pincoffs was unavoidably delayed on the way down. We were sorry to hear of your misfortune. We will now hear from Dr. Maurice C. Pincoffs, Professor of Medicine at the University of Maryland, on "Arterial Hypertension."

Dr. Pincoffs then presented his paper which was discussed by Drs. J. R. Elliott and Ira Burns.

PRESIDENT PRICKETT: We are very fortunate to have with us this afternoon Dr. Lawson Wilkins, Associate in Pediatrics at Johns Hopkins University School of Medicine, who will now address us on "Hypothyroidism in Children."

...Dr. Lawson Wilkins then presented his prepared paper which was discussed by Drs. C. E. Wagner, John Baker and C. H. Davis.

PRESIDENT PRICKETT: I want to thank you for a very interesting paper and discussion, Dr. Wilkins.

I have three short announcements to make.

Dr. Hewitt W. Smith, President of the Kent County Medical Society, was absent from the meeting this morning and absent from the luncheon at noon. We wondered why. Dr. and Mrs. Smith are to be congratulated. It is a girl. (Laughter and applause).

Dr. Carl H. Davis has asked me to announce that his pictures of a Mediterranean cruise will be shown tomorrow night in this room following Dr. Fishbein's address. He was to show the pictures this afternoon to the Ladies' Auxiliary but they are unable to darken the room sufficiently, so

they will be shown immediately after Dr. Fishbein's address.

Dr. Woodbridge Morris of the State Board of Health asks me to call attention to the State Laboratory Exhibit under the main stairway in this building. Free biologicals are exhibited, Wassermann reactions shown, and a Type 1 pneumonia is under the microscope.

I am pleased to introduce at this time, Dr. Francis G. Harrison, Associate Professor of Urology, of the University of Pennsylvania, who will give us a paper on the "Bloodstream Infections in Urological Cases."

DR. FRANCIS G. HARRISON: I appreciate the invitation to address you at your One Hundred and Forty-Ninth Annual Session. Such long experience is one of the encouraging things in this country that is changing so often. I will try to be as brief as possible. The hour is waxing late. Perhaps if I read the first part of this and show you the slides, it will be sufficient.

...Dr. Harrison then presented his prepared paper, which was discussed by Drs. B. S. Dallett, N. R. Washburn and L. W. Anderson.

PRESIDENT PRICKETT: I want to thank Dr. Harrison for this very fine paper.

DR. W. EDWIN BIRD: The hour is getting late, and unless you have some further announcements, Mr. President. I have a motion to make. I move that the Society extend a rising vote of thanks to Dr. Ravdin, Dr. Pincoffs, Dr. Schumann, Dr. Wilkins and Dr. Harrison.

...The motion was carried unanimously, the members arising and applauding...

PRESIDENT PRICKETT: Gentlemen, this concludes the program for the afternoon. The House of Delegates meets in this same room at eight o'clock tonight. Tomorrow we will again have a very interesting program. I hope you will all be here. I am sure you will find it worth your while.

Good night.

...Whereupon the session adjourned at five-fifty o'clock...

October 12, 1938

WEDNESDAY MORNING SESSION

The session convened at nine fifty-five o'clock, President Prickett presiding.

PRESIDENT PRICKETT: The meeting will come to order, please.

We will have the report of the House of Delegates by the Secretary.

...Secretary Gilliland read the report of the House of Delegates. (See complete transactions, this issue).

DR. BIRD: I move the report of the Secretary be received.

...The motion was duly seconded...

PRESIDENT PRICKETT: It is moved and seconded that the report of the House of Delegates be received. All in favor say, "Aye"; opposed, "No." It is so ordered.

Gentlemen, believing it timely, I prepared my Presidential Address on "The Medical Approach to Sex Instruction in the Schools of Delaware," which I shall now read.

...President Prickett then read his prepared paper, which was published in the October issue.

DR. BIRD: Mr. President, did I understand you to request that this Society at this time authorize you to appoint this special committee?

PRESIDENT PRICKETT: That is correct.

DR. BIRD: I so move.

...The motion was seconded by several members...

PRESIDENT PRICKETT: All in favor of that motion signify by saying, "Aye"; opposed, "No." It is carried and so ordered. I thank you.

The first scientific paper on our program today will be on "Clinical Allergy." It gives me great pleasure to present to you Dr. Richard A. Kern, Professor of Clinical Medicine at the University of Pennsylvania School of Medicine, and Professor of Clinical Medicine at the Medical-Chirurgical College of the Graduate School of Medicine, University of Pennsylvania.

Dr. Kern then read his paper, which was discussed by Dr. William Marshall.

PRESIDENT PRICKETT: Has anyone else any discussion to offer on Dr. Kern's talk?

Dr. Cooper will now speak to us on "The Indications for Surgery in the Treatment of Pulmonary Tuberculosis."

Dr. Cooper then read his paper, which was discussed by Dr. L. D. Phillips.

PRESIDENT PRICKETT: Our next order of business this morning is the election of the President for 1939. The President should come from New Castle County. The Chair will entertain nominations for the Presidency of the Society for 1939.

DR. I. W. MAYERBERG: Mr. Chairman, it seems you have the wires crossed. It seems the official nominator isn't on the job this morning.

It gives me great pleasure, Mr. President, to nominate Dr. Meredith I. Samuel, from New Castle county, as President for the coming year.

PRESIDENT PRICKETT: The name of Dr. Meredith I. Samuel has been placed in nomination for the Presidency for 1939. Are there any other nominations?

DR. BIRD: Mr. President, I move that the nominations be closed and that the Secretary cast the ballot.

...The motion was duly seconded...

PRESIDENT PRICKETT: You have heard the motion that the nominations be closed and the Secretary cast the ballot. All in favor of that motion signify by saying, "Aye"; contrary, "Nay." The "Ayes" have it.

...Secretary Gilliland cast the ballot...

PRESIDENT PRICKETT: I declare Dr. Meredith I. Samuel President for the year 1939 of the Medical Society of Delaware.

Dr. Samuel, will you come up? I congratulate you, sir.

PRESIDENT-ELECT SAMUEL: Gentlemen, I want to thank you. This is the greatest honor I have ever had. I assure that I will endeavor to conduct the office to your satisfaction, and in that connection I would ask the cooperation of every member.

Thank you.

PRESIDENT PRICKETT: The next order of business is adjournment.

DR. BIRD: Mr. President, if there is no further business, I move that this Society extend to Dr. Prickett, Dr. Kern and Dr. Cooper a rising vote of thanks for their addresses this morning.

...The motion was duly seconded, put to a vote, and carried unanimously by a rising vote, as the members applauded...

PRESIDENT PRICKETT: This concludes the program for the morning session.

...The session thereupon adjourned at 11:45 o'clock...

October 12, 1938

WEDNESDAY AFTERNOON SESSION

The meeting convened at two-seven o'clock, President Prickett presiding.

PRESIDENT PRICKETT: The meeting will please come to order.

The opening paper this afternoon is by Dr. Thomas M. McMillan, Assistant Professor of Clinical Medicine, University of Pennsylvania School of Medicine, and Associate Professor of Cardiology, who will address the Society on, Cardiology—The Problem of Heart Disease as It Stands Today."

DR. THOMAS M. McMILLAN: Mr. President, Ladies and Gentlemen: Before I start I would like very much to express my appreciation to your committee for asking me to be with you today.

Partly with the committee's help I am going to attempt to do something that is rather difficult. I am going to attempt to cover the whole field of cardiology in some sort of fashion in a half hour's time.

From time to time I shall show lantern slides. I won't stop to describe them, but they will have some bearing on what I am talking about at the moment. In order to stay within my time limit I am going to read this manuscript if you will permit me.

...Dr. McMillan then presented his prepared paper, illustrated with slides, which was discussed by Drs. O. S. Allen, J. B. Waples, R. W. Tomlinson and E. R. Miller.

PRESIDENT PRICKETT: I am glad to introduce to you Dr. Raymond A. Vonderlehr, Assistant Surgeon General of the United States Public Health Service, Washington, D. C., who will give us a paper on "Present Day Control of Venereal Diseases From a State and National Viewpoint."

...Dr. Vonderlehr then presented his prepared paper, illustrated with slides, which was discussed by Drs. I. L. Chipman, J. R. Beck, R. C. Holcombe, V. D. Washburn, M. A. Tarumianz and T. E. Hynson.

PRESIDENT PRICKETT: Has anyone else any comment to make?

Have you anything further to say, Dr. Vonderlehr?

DR. VONDERLEHR: No.

PRESIDENT PRICKETT: It was a very fine paper we heard, and a very nice discussion.

During my tenure of office I have anticipated one certain definite pleasure. That pleasure is now at hand, and it is certainly with the deepest gratification that I introduce my personal friend and former classmate, Dr. B. P. Widmann, Assistant Professor of Radiology, Medico-Chirurgical College, Graduate School of Medicine, University of Pennsylvania. Dr. Widmann!

...Dr. B. P. Widmann then presented his prepared paper, illustrated with slides, which was discussed by Drs. G. C. McElpatrick, Ira Burns, J. J. Hines, V. D. Washburn and B. G. Dallett.

PRESIDENT PRICKETT: Has anyone else anything to say?

DR. McELPATRICK: I move we give Dr. Widmann a rising vote of thanks.

...The motion was duly seconded, put to a vote and carried unanimously as the members arose and applauded...

PRESIDENT PRICKETT: Does anyone else have anything to say?

This completes our scientific program.

...The session thereupon adjourned at six-five o'clock...

The Society and the Woman's Auxiliary then had dinner together at the Hotel Richardson. The time being limited, there were no speeches, the

President merely introducing the invited guests and the officers.

October 12, 1938

WEDNESDAY EVENING SESSION

The meeting convened at eight-five o'clock, President Prickett presiding.

PRESIDENT PRICKETT: Ladies and Gentlemen: I welcome you to the closing item on the program of the One Hundred and Forty-Ninth Session of the Medical Society of Delaware. As our speaker tonight, we have a man who is nationally known, a well known columnist, the editor of the Journal of the American Medical Association.

It gives me pleasure to present to you Dr. Morris Fishbein!

Dr. Fishbein then addressed the public meeting, his subject being "The National Health Program and American Medicine."

PRESIDENT PRICKETT: I believe Dr. Fishbein has spoken the same thought that the doctors have who belong to this Society. Certainly what Dr. Fishbein says about the fact that no central governing body can tell the needs of the local communities is our thought also. Certainly in our own local community here, in the county, as well as in the state, I believe, I do not know of any cases—and if there are some, there are very few—which are going without medical care because of lack of money, because of lack of funds.

I certainly appreciate Dr. Fishbein's being with us tonight. I have enjoyed his address, as I am sure you all have, by the applause which he received. I thank you again.

Immediately following this, Dr. Carl H. Davis, of Wilmington, apropos of Columbus Day, is going to show us some pictures taken on his Mediterranean cruise. Some of those include pictures taken around Columbus' hideout, and probably his place of birth, at least Lisbon, and places like that.

SECRETARY GILLILAND: Mr. President, I move that this Society, before it goes to the next point on the program, give Dr. Fishbein a rising vote of thanks for so ably presenting his talk on American Medicine.

...The motion was duly seconded and carried by a rising vote as the audience applauded...

Dr. Davis then showed his motion pictures, whereupon the meeting adjourned at nine-thirty o'clock...

MEDICAL SOCIETY OF DELAWARE TRANSACTIONS: HOUSE OF DELEGATES

Tuesday, October 11, 1938

The meeting of the House of Delegates of the Medical Society of Delaware convened at eight twenty-five o'clock p. m., at the New State House, Dover, Dr. Clarence J. Prickett, President of the Society, presiding.

PRESIDENT PRICKETT: The House of Delegates of the Medical Society of Delaware, the 149th Session, will now come to order, please.

We will have the roll call by the Secretary.

SECRETARY GILLILAND: As I call the roll will the delegates take seats on the front rows, so that they can be identified?

...Secretary Gilliland then called the roll, the following responding thereto:

New Castle county—Delegates: W. E. Bird, G. W. K. Forrest, R. T. La Rue, G. C. McElfatrick, J. H. Mullin, P. R. Smith, R. W. Tomlinson. Alternates: Ira Burns, J. W. Butler, C. L. Hudiburg, C. M. Lowe, L. D. Phillips.

Kent county—Delegates: J. S. McDaniel. Alternates: H. V. P. Wilson.

Sussex county—Delegates: K. J. Hocker. Alternates: Floyd Hudson.

Councilors: J. D. Niles, William Marshall.

PRESIDENT PRICKETT: Gentlemen, we have a quorum present: twelve delegates seated from New Castle county, two from Kent, two from Sussex, and two Councilors. The number required for a quorum is ten.

We will now have the reading of the minutes of the last Annual Session.

DR. BIRD: I move their reading be dispensed with. They have been published.

...The motion was seconded by Dr. Smith...

PRESIDENT PRICKETT: It is moved and seconded that the reading of the minutes of the last Annual Session be dispensed with. All those in favor say, "Aye"; opposed, "No." It is so ordered.

We will now have the reading of the minutes of the Special Session of the House of Delegates. Dr. Gilliland!

...Secretary Gilliland read the minutes of the Special Session of the House of Delegates, held September 2, 1938, which went on record as opposing any fundamental change in the present status of organized medicine, and as approving any plan that will improve medical care.

PRESIDENT PRICKETT: What is your pleasure, gentlemen?

DR. BURNS: I move the report be accepted.

...The motion was regularly seconded, put to a vote, and carried...

PRESIDENT PRICKETT: The next order of business is the appointment of a Nominating Committee. On this Committee I will appoint: G. C. McElfatrick, New Castle county; J. S. McDaniel, Kent county; K. J. Hocker, Sussex county.

This Committee will now retire and prepare the nominations.

DR. McELFATRICK: Mr. President, I appreciate the honor, but I would rather you would appoint somebody else. This would be the fourth time in twenty-five years that I will have served on the Nominating Committee, and I would like someone else to have the honor.

PRESIDENT PRICKETT: I will appoint Dr. La Rue, then, from New Castle county.

DR. LA RUE: I am very sorry that I cannot accept, either. I served on this Committee last year and ran into a little difficulty.

PRESIDENT PRICKETT: Then I will appoint G. W. K. Forrest.

DR. FORREST: I have been on the Nominating Committee more often than Dr. McElfatrick. I am much older than Dr. McElfatrick. Therefore I will accept. (Laughter).

PRESIDENT PRICKETT: Thank you, Dr. Forrest.

DR. FORREST: Why should you pass the burden over to somebody else? I am perfectly willing to take it.

PRESIDENT PRICKETT: Then that Committee will consist of Drs. Forrest, McDaniel and Hocker. Dr. Forrest being the member from New Castle county will be the chairman of that Committee. You gentlemen will now retire and prepare the list of nominations for the coming year, 1939.

The next order of business is Reports of Officers. The President's Report is first.

...President Prickett presented his prepared report, as follows:

Report of the President

First, I wish to report that I have consulted the three Councilors of the Society in accordance

with the By-Laws and found three county societies in good condition, I have offered my services to them in any matters in which the President might be able to aid them.

I have visited the Kent county society, but have been unfortunate in each attempt to attend the other two county societies' meetings. However, I shall visit them before my term of office expires.

On invitation I attended a meeting of Scientific Committee on May 9th.

At the invitation of Dr. Woodbridge Morris I presided at a very interesting meeting of the Delaware Maternal and Child Health Advisory Committee, on May 11th. The purpose of this meeting was to formulate plans to meet the future medical needs of maternity cases, and to reduce our maternal and infant mortality rate.

On May 19th I attended a joint meeting of the Medical Economics Committees of the state and counties to consider the questionnaires sent out from the American Medical Association offices relative to medical care in the United States. At this meeting Dr. Jost, executive secretary of the State Board of Health offered to tabulate the questionnaire reports in the state and his work along this line has been extremely helpful to the Society. I personally want to thank Dr. Jost for his assistance in this extensive work.

Late in May Vice-President Davidson represented the Society at a meeting of the Committee on Physically and Mentally Handicapped division of the Delaware Citizens' Association to consider the report to be made to the American Public Welfare Association which was at the time investigating the situation in Delaware with regard to social agencies.

I was much pleased to receive an invitation to attend the annual outing of the New Castle County Society on The Delaware State Hospital grounds on June 21st. We had a splendid time and Dr. Lawrence J. Jones, president of the New Castle County Society was, as usual, a genial host.

As your President I was highly honored by being invited to a dinner, which I attended, given in honor of Dr. Frederick Banting by Mr. Francis V. du Pont and Dr. Tarumianz at the Wilmington Country Club on June 28th.

On June 10th I wrote United States Senators and Congressmen urging their support in the passage of a Bill authorizing the construction of a new building for the Army Medical Library and Museum. According to the *Journal A. M. A.* of June 18th this Bill was passed by Congress and "at last the world's mightiest collection of medical literature and one of the largest of medical museums will be given adequate quarters."

On August 13th I attended a special meeting of the Committee on Medical Economics which met to consider a resolution offered by the Farm Security Administration to arrange for the payment of certain medical bills contracted by certain low income farmers who are in process of rehabilitation. The report of this will be given by our Secretary.

On September 2 I called a special meeting of the House of Delegates to instruct our delegate to the special meeting of the House of Delegates of the American Medical Association.

Commercial exhibits have been omitted this year since the companies contacted had not arranged their budget to take care of the expenses of the exhibit. However, the Delaware State

Board of Health and the United States Public Health Service have arranged exhibits.

It has been a real pleasure to me to serve as your President and at this time I wish to thank the officers, the chairmen and members of all committees, the speakers and discussors on our program, and each and every one of you for the loyal support I have received. Our efficient Secretary, Dr. Gilliland, has kept me informed constantly on all matters pertaining to his office and is to be congratulated on the excellent manner in which he has managed the affairs of his office. I also wish to thank the state of Delaware for the use of this building during this session.

The Committee on Scientific Work has labored hard and has arranged a program of very high calibre which I am sure will be helpful to all of us and which I trust you will enjoy.

In closing I wish to make one recommendation. Because of the large amount of work required of the President of the Society I wish to recommend that the ascendancy rule be invoked regarding the President:— That is that the Vice-President in the county to which the Presidency is due, the following year, be elected, with the idea that he ascend to the Presidency the following year. This would allow the Vice-President to acquaint himself with the work of the President.

Respectfully submitted,

C. J. PRICKETT.

PRESIDENT PRICKETT: What is your pleasure, gentlemen?

DR. LA RUE: I move the report be accepted.

...The motion was regularly seconded, put to a vote, and carried...

PRESIDENT PRICKETT: Next is the report of the Secretary, Dr. Gilliland.

...Secretary Gilliland presented his prepared report, as follows:

Report of the Secretary

Before proceeding with the body of my report I would like to take this opportunity of thanking the Society for the honor of serving as Secretary of the Medical Society of Delaware during the past year.

It has been interesting to me to observe the workings of the past organization of medical societies at first hand and take an active part in it. It has been my good fortune to visit the headquarters of the American Medical Association in Chicago to take part in the Annual Conference of Editors and Secretaries. It has also been my privilege to attend as an observer the special meeting of the House of Delegates of the American Medical Association held in Chicago in September of this year. At this time I would like to say that the office of Secretary is one which requires considerable time and work and can be as big or as small as the man who holds the office. I would like to pay tribute also at this time to the Secretaries of the county societies for their cooperation in answering correspondence and submitting various reports.

It is my belief that the offices of Secretary and Editor could be combined successfully with great benefit to the Society. I am informed, however, that an Amendment to the present By-Laws would be required for this change. It is also my belief that the office of Secretary would better serve the organization if it were held by a Wilmington physician, inasmuch as the majority of the medical men in the state are concentrated there.

During the past year the following activities have been handled by the Secretary:

1. In order to bring the files of the Society up to date an individual questionnaire was sent to each member of the Society with a self-addressed, stamped return envelope. This questionnaire, when completed, contained information necessary for the Secretary's records. In connection with this an individual folder was provided for each member in which all correspondence and information concerning this member was kept on file.

2. During the year the details of the survey being conducted by the American Medical Association have been handled through the Secretary's office. This survey has entailed considerable correspondence and to date has met with a very mediocre response. The pharmacists of the state have responded fairly well in returning their blanks. The Dental Society, however, has responded very poorly.

In connection with this survey a special meeting of the state and county committees on Medical Economics was held on May 19, at the Welfare Home. A copy of the minutes of this meeting will be filed by the Secretary.

The Secretary wishes to report that valuable assistance in the distribution and collection of these various forms was given by the State Board of Health and the Wilmington Board of Health.

3. On August 26, 1938, a special call to the members of the House of Delegates of the American Medical Association was issued to consider the National Health Program submitted previously to the National Health Conference held in Washington.

In order that the delegate from Delaware might be definitely instructed before attending this special meeting, a special meeting of the House of Delegates of the Medical Society of Delaware was called. An invitation to attend this meeting was also issued to every member of the State Society. This meeting was held Friday, September 2, 1938, and a copy of the minutes will be filed by the Secretary.

At this session the House of Delegates went on record as wishing no fundamental change in the present status of organized medicine. It did, however, take cognizance of the fact that there is a portion of society which is receiving inadequate medical care and that in view of this the Medical Society of Delaware is ready to take part in any plan which will improve medical care to the inadequately cared for portion of the populace, provided, of course, that the plan is acceptable to its constituent county societies.

4. During the latter part of 1937, the Secretary attended the Annual Conference of Secretaries and Editors, taking the place of the retiring Secretary, Dr. William H. Speer, at this time.

The Secretary also attended as an observer the special session of the House of Delegates held in Chicago, September 16, 1938. The action taken at this special session is, of course, familiar to all who read the *Journal of the American Medical Association*.

5. During August of the past year, a subpoena was received by the Secretary which listed one Dinshah P. Ghadiali as Complainant with the Delaware State Medical Society, the State of Delaware, and the Police Department of Wilmington listed as respondents. A special meeting of the Councilors of the Medical Society of Delaware was called but was poorly attended.

After corresponding with the Attorney General, assurance was received on August 30 that an appearance had been filed by Ennalls E. Berl, Esquire, a Wilmington attorney, and that a motion to dismiss the cause of action because of lack of jurisdiction had also been filed. Assurance was given that the whole matter would be taken care of satisfactorily.

6. In July, 1938, a plan was submitted to the Secretary of the Kent County Medical Society by the Farm Security Administration Board whereby medical services could be obtained by the farm clients of the Farm Security Administration under a group medical pre-payment plan.

On August 13, a special meeting of the State Committee on Medical Economics was called to discuss this plan. The meeting, however, was poorly attended and no reaction concerning the plan was obtained. It may be added that Kent County Medical Society has at this writing appointed a committee to revise the plan for submission to the Society.

7. During the year the routine correspondence has been carried on without delay, and letters have been answered as far as possible so that a reply would be sent out by return mail.

8. The Secretary wishes to report that at this time there are two hundred and fifteen (215) members in the Society, there being one hundred and fifty-five (155) from New Castle County, thirty (30) from Kent, and thirty (30) from Sussex.

In closing, the Secretary wishes to make a few recommendations. First, it is recommended that a special committee be appointed to revise the By-Laws of the Society and bring them up to date and have them re-printed.

Secondly, it is recommended that a definite sum of money be allotted annually to the Secretary to cover stenographic services in connection with the office.

Thirdly, it is recommended that suitable Amendments to the By-Laws of the Society be made so that the office of Secretary and Editor could be combined with the result of saving in correspondence and stenographic services.

Respectfully submitted,

A. V. GILLILAND.

DR. MCELFRATICK: You don't mention how much should be allowed for the Secretary?

SECRETARY GILLILAND: No amount was specified.

DR. LA RUE: I move the report be accepted.

...The motion was seconded by Dr. Niles, put to a vote, and carried...

PRESIDENT PRICKETT: The next order of business is the report of the Treasurer, Dr. Heck.

...Dr. Heck presented his prepared report as Treasurer:

Report of the Treasurer GENERAL FUND

October 11, 1937, Balance forwarded .. \$ 524.49

Receipts

Dues, New Castle County (146)	\$730.00
Dues, Kent County (30)	150.00
Dues, Sussex County (31)	155.00
Dividends: Bank Stock	84.00

Total \$1,119.00

Total \$1,643.49

DISBURSEMENTS

Subscription to Journal	\$414.00
Medical Defense Fund	207.00
Annual Session	169.62
Medical Stenography	148.67
Flowers	7.50
Secretary's Expenses (Dr. Speer, \$53.16—Dr. Gilliland \$18.00)	71.16
A. M. A. Directory	15.00
Expenses A. M. A. Delegate ..	150.00
Printing and Postage	32.75
Badges—1938 Session	18.12

Total \$1,233.82

October 11, 1938—Balance on hand.... \$ 409.67

DEFENSE FUND

October 11, 1937—Balance on hand ... \$4,254.78

RECEIPTS

Dues, per capita \$207.00

Interest on Deposits 147.95

\$354.95

October 11, 1938—Balance on hand ... \$4,609.73

Respectfully submitted,

A. L. HECK

DR. McELPATRICK: I move the report be accepted.

PRESIDENT PRICKETT: We have every confidence in the world in Dr. Heck, but it is not customary to receive the Treasurer's report until it has been audited.

The next order of business is the report of the Councilors. Dr. Niles.

Report of the Councilors

DR. NILES: The Councilors had one meeting called, but it was of no avail, as the report from the President stated that the business in hand would be taken care of by the attorney or other members in authority along that line. Outside of that, we have not been called on to act during the year.

PRESIDENT PRICKETT: The Councilors of the Society are Drs. J. D. Niles, New Castle County; William Marshall, Kent County; and Richard Beebe, Sussex County. You will please now retire and act as the Finance Committee, in accordance with the By-Laws, and audit the books of the Treasurer.

Next is the Reports of Standing Committees, the first of which is the Committee on Scientific Work, Dr. Speer.

Report of the Committee on Scientific Work

DR. SPEER: I don't have any prepared report.

I called one meeting of the Committee on Scientific Work in Smyrna some time in May, at which the President, the Secretary, and myself were present.

The Secretary and the President had gone along and made a tentative program which looked very good, as far as I was concerned. From that time on, I had nothing to do with the program in an active manner. But I think the program is very, very acceptable, and anything further in the way of a report for this Committee will have to be given by Dr. Gilliland, who was a member of it.

PRESIDENT PRICKETT: Thank you, Dr. Speer. What is your pleasure on the report, gentlemen?

DR. SMITH: I move it be accepted.

...The motion was seconded by Dr. Mullin, put to a vote, and carried...

DR. BUTLER: Mr. President, I believe there are some delegates here now who arrived late. I think they should be recognized by the Chair.

PRESIDENT PRICKETT: Will the delegates who arrived since the roll call please arise, so we can see them?

...The following additional delegates from New Castle County responded:

Dr. Margaret I. Handy, Dr. I. L. Chipman, Dr. A. L. Heck, Dr. Roger Murray.

PRESIDENT PRICKETT: New Castle County already has twelve delegates. There are three more delegates allowed, to make up the total number of fifteen delegates to which they are entitled.

PRESIDENT PRICKETT: We had seated two delegates from Kent County, including an alternate. Have any others come in from that county?

...Dr. John Baker recorded himself as present...

PRESIDENT PRICKETT: Kent County is entitled to three delegates, so Dr. Baker will be seated as a delegate.

Have any additional delegates come in from Sussex County? (No response)

We have sixteen delegates and alternates present now from New Castle. Twelve have already been seated. The alternates who responded to the roll call earlier, I will rule, will remain seated as delegates. The County is entitled to three more and the first three who answer to their names will be seated.

...Drs. Chipman, Handy and Heck were thereupon seated as delegates...

PRESIDENT PRICKETT: That completes the list of seated delegates—fifteen.

The next report is that of the Committee on Public Policy and Legislation.

Report of the Committee on Public Policy and Legislation

Mr. President and Members of the House of Delegates:

Nothing of importance has come up this year before your Committee on Public Policy and Legislation because, as you know, this is an off legislative year. We have in no way attempted to change the present Medical Practice Act because we feel that as it stands it is one of the best in the country and all that is necessary is to enforce the provisions of the act in order to prevent infringement.

There is a very serious problem confronting the medical practitioners of the nation at the present time and this Society as a part of the American Medical Association should be deeply concerned with it. It is the problem of taking care of the indigent sick.

As you all know, the American Medical Association is taking the first steps toward solving this problem. The survey which the American Medical Association is now making will be of great help in presenting a picture of the medical needs of the entire country. It is up to every physician in this Society to cooperate in that survey by answering and returning promptly all questionnaires sent him. After this survey is completed it will be possible for the Medical Society of Delaware to have enough information to be able to formulate a workable plan for the care of the indigent sick if there is an indication that there is a need for such a plan.

The Committee does not feel that the time will be ripe to formulate any plan until after the re-

sults of this survey have been made available. At such time it is felt that the various county societies can formulate plans which will be suitable for their particular locality. These plans must, of course, be acceptable to the Medical Society of Delaware as well as the American Medical Association. This Committee wishes to go on record as believing that the American Medical Association is very willing to assist in any way it can the formation of suitable plans throughout the country provided that such plans do not destroy the relationship between patient and physician and provided also that politics do not enter into the control of any proposed plan.

Last year the Chairman of your Committee on Public Policy and Legislation recommended that someone should be at the Legislature each session to watch legislation as it is put through and to see whether any of this legislation is going to directly affect the medical profession. Because this was not a legislature year, nothing of this sort was done by your present Committee. This Committee feels, however, that some such plan should be worked out for the year 1939. If any member of the Legislature happens to be a physician who is a member of the Medical Society of Delaware, it is felt that that individual should be on the Committee on Public Policy and Legislation. Moreover, the other members of that Committee should also be very active and alert in watching the activities of the Legislature. All proposed bills in any way connected with medical practice in this state should be carefully scrutinized, and it would be desirable if they could also be studied by a lawyer employed by the Medical Society in order to determine whether anything undesirable is being incorporated in these bills. The suggestion has been made that it may be worth while for the Medical Society of Delaware to engage someone to look after its interests during the next session of the Legislature, and your Committee offers this suggestion for discussion by the House of Delegates.

In closing, your Committee wishes to urge the members of the Medical Society of Delaware to present a united front on questions of Public Policy and Legislation. It is very easy for a divided house to fall, and with a united membership marching forward toward a common goal radicalism, socialism, and any other ism will gain but little foothold in the ranks of organized medicine.

Respectfully submitted,
C. V. GILLILAND
J. S. MCDANIEL
LEWIS BOOKER

The next order of business is the report of the Committee on Publication, a standing committee. ...Dr. Bird presented the report of the Committee on Publication...

Report of the Committee on Publication

As heretofore, we transmit herewith the report of the Publication Committee in two sections, (1) that of the Editor; and (2) that of the Business Manager.

REPORT OF THE EDITOR

With the December issue of this year we will be completing the tenth volume of the New Series. The number of pages of text this year shows a slight increase (14) over last year. It is our feeling that the scientific standards of THE JOURNAL are being maintained at as high a level as is possible in a magazine the size of ours. Our

material comes primarily from the meetings of the State and County Societies, and as their programs improve so will the contents of THE JOURNAL improve. Contributed articles are coming in in greater number than in the past, which is a good sign, and we hope this may continue.

The Committee and the printers have worked together most harmoniously, and to the latter we extend our sincere appreciations.

The Editor, now completing his twenty-third year of service, extends to all our members his most grateful thanks for their cooperation, and expresses the hope that this may continue.

Respectfully submitted.

W. EDWIN BIRD

REPORT OF THE BUSINESS MANAGER (October 11, 1937 to October 11, 1938)

Savings Account, Oct. 11, 1937, Wilmington Trust Co.	\$5,274.89
Checking Account, Oct. 11, 1937, Wilmington Trust Co.	229.87
Total	\$5,504.76

Receipts

Advertisements	\$2,734.19
Bonus on advertisements from American Medical Assn. ..	182.00
Subscriptions, Medical Society members	414.00
Subscriptions, others	32.00
Total receipts	\$3,362.19

DISBURSEMENTS

Printing and mailing Journals	\$2,192.45
Miscellaneous Postage	17.00
Salary of Editor	580.00
Salary of stenographer	144.00
Notary fees	1.50
Binding Journals	9.00
Copyrighting Journals	24.00
Stationery and stamped envelopes	82.68
Miscellaneous office expense..	1.88
Office supplies	2.60
Miscellaneous cuts	13.13

Total disbursements \$3,068.24

Operating balance	\$ 293.95
Interest on savings account..	131.88
	\$ 425.83 425.83

Total, October 11, 1938 \$5,930.59

Savings Account, Wil. Trust Co., Oct. 11, 1938	5,706.77
Checking account, Wil. Trust Co., Oct. 11, 1938	223.82
Total balance	\$5,930.59

(Still due from advertisements, approximately \$200.00)

SUMMARY FOR NINE YEARS, 10 MONTHS
(January, 1929 to October 11, 1938)

Receipts	
Advertisements	\$23,086.68
Subscriptions, Medical Society members	3,652.00
Subscriptions, others	327.00
Bonus on ads from American Med. Assn.	1,102.33
Single copy sales	14.02
Rebates on cuts	78.53
Refund from N. R. A.	2.34
	<hr/>
	\$28,262.90
Interest on Savings Acct.	909.60
	<hr/>
	\$29,172.50 \$29,172.50

DISBURSEMENTS

Printing and mailing	
Journal	\$19,034.75
Miscellaneous postage	107.80
Stationery and envelopes ..	470.31
Notary fees	11.25
Stenographic services	815.86
Membership, Editors' Assn.	141.00
Membership, N. R. A.	10.00
Reprints	20.30
Salary of Editor	1,820.00
Binding Journals	63.00
Tax on checks	1.90
Convention expenses	198.66
Editorial expenses	37.00
Repairing cuts	6.12
Cuts	175.65
Editors' convention	134.92
Copyrighting Journals	66.00
Miscellaneous printing	92.11
Miscellaneous office supplies ..	6.40
Attorney fees	10.00
File cabinet	17.00
Miscellaneous office expense ..	1.88
	<hr/>
	\$23,241.91 23,241.91
	<hr/>
	\$ 5,930.59

In submitting this report to the Honorable Body of the House of Delegates, may I state that it has been a serious task to keep our old advertisers (particularly since we increased our advertising rates to conform with the Co-operative Medical Advertising Bureau of the American Medical Association), and obtain new advertising clients. So far, we have been able to maintain our former motto, to live within our budget, and possibly to increase our savings account. This year we have \$425.83 actual profit from our Journal. This amount can be increased, if the members of the Society will cooperate with the Business Manager's program, and attempt to pay more attention to national as well as local advertisers, by dealing with them. We have been requested by the Medical Advertising Bureau to encourage our readers to fill in coupons, which will be appreciated, and which will pay us good dividends.

May I also inform your body that this concludes almost ten years' experience with the managing of the Journal's finances, and I hope that in the next ten years will be able to do as well as we have done in the past.

Respectfully submitted,
M. A. TARUMIANZ.

DR. LA RUE: I move you, Mr. President. that we accept the report with thanks.

...The motion was seconded by Dr. McElfatrick...

PRESIDENT PRICKETT: It is moved and seconded that the report of the Committee be accepted with thanks. All those in favor say "Aye"; opposed. It is so ordered.

The next order of business is the standing Committee on Medical Education. Dr. Strikol is the Chairman of that Committee. Does Dr. Chipman and Dr. Hocker, the other members of that Committee, either of them have a report to make? (No response)

The next report is that of the standing Committee on Hospitals, of which Dr. Munson is Chairman. Dr. Wilson, will you report for that Committee?

...Dr. Wilson then concluded the report of the Committee as follows:

Report of the Committee on Hospitals

The Committee on Hospitals of this Society inspected the hospitals of the State September 16 and 21, 1938. The general management, medical, surgical and nursing staffs, care of patients, and condition of the various buildings and equipment was in general found to be good, and it is felt that each hospital is striving for improvement and is looking forward. The amount of laboratory work, the quality of the records kept, and the percentage of the autopsies performed in relation to the number of deaths were with few exceptions found to be satisfactory. There are not enough beds in the State Hospitals for the indigent, for the insane, and for the colored tuberculous patients. In the general hospitals, the daily census in relation to the total number of beds seems to show that there are enough beds available. However, since in all these general hospitals it is at times impossible to find a ward bed though beds in semi-private rooms are at the time empty, and the reverse, it is felt that in such instances it would be well for the various hospital managements to have a flexible arrangement of these wards and semi-private rooms whereby in case of an overcrowded ward and vacant semi-private rooms, ward patients could be admitted to the vacant semi-private rooms at ward rates, and the reverse.

It is felt that for the good of the hospitals there should be a close communication between the staffs of the hospitals and the governing boards; that in those hospitals whose governing boards do not include in their membership members of the staff, a committee elected by the staff should meet with the governing board.

Very ill indigent patients at times need private nurses. Each hospital management should consider ways and means of taking care of this situation; by assigning a nurse on regular duty to care for that patient alone, by paying for a special nurse, by asking for contributions to a fund to care for such work, or by asking the graduate nurses of the state to volunteer their services. An associated idea is for the hospitals to maintain through subscriptions, a fund for the purchase of blood for those indigent cases from whose friends and relatives suitable blood cannot be obtained.

There follow now notes and recommendations concerning the condition of the individual hospitals:

The Delaware Hospital in Wilmington. Number of beds, 225; number of admissions, 4,781; daily average, 53; number of deaths, 102; number of autopsies, 66 or 27%. The organization and management of this hospital seem good. The

only real need found is an entirely new hospital building, because the present buildings are old, in poor condition and entirely inadequate. It would be a waste of money to remodel or add to the present buildings.

The St. Francis Hospital in Wilmington. Number of beds, 75; number of admissions, 1,652; daily average, 53; number of deaths, 102; number of autopsies, 16 or 15%. With its new building, the hospital represents a fairly complete unit. I believe that any recommendation to be made for this institution should be reserved for a year until it is seen how much the new building will contribute to the efficiency of the hospital.

The Homeopathic Hospital in Wilmington. Number of beds, 171; number of admissions, 4,355; daily average, 131; number of deaths, 267; number of autopsies, 64 or 27%. The condition of this hospital is good, and its management and organization are excellent. A new building is being completed which gives added new beds, especially for children, and a sun deck and quarters on the roof for the physio-therapy department. The laboratory of the hospital is to be congratulated upon the establishment of a blood bank for transfusions. The operating room seems entirely inadequate, and it is obvious that a new suite of operating rooms is the hospital's next need.

The Wilmington General Hospital in Wilmington. Number of beds, 85; number of admissions, 3,109; daily average, 83; number of deaths, 117; number of autopsies, 28 or 24%. The main hospital is fairly new, in excellent condition, and well planned. A new building for the maternity department has just been completed and is entirely well planned and equipped. This is an open staff hospital, and it is recommended to the Board of Trustees of this hospital that the staff be made a closed one since it is almost always found that this works to the best advantage of the hospital.

The State Insane Hospital at Farnhurst, Delaware. Normal capacity, 850; number of admissions, 350; daily average, 1,150; number of deaths, 103; number of autopsies, 22. There is serious overcrowding in certain wards. This can only be remedied by additional building. However, it is striking to find many of the quarters spacious and with every convenience while in the others a great number of negro patients are crowded together in a dark, unhygienic basement or a great number of white patients are crowded in wards so filled that the beds in lines four deep practically touch each other. It would seem that in any future expansion, the first consideration should be to give room and comfort to those in the overcrowded wards.

The State Welfare Home at Smyrna, Delaware. Number of beds, 375; number of admissions, 133; and 9 re-admissions; daily average number of residents, 363; number of deaths, 98. This institution is modern, well planned, and the inmates are comfortable. It is filled to capacity. Doubtless a new pavilion for colored people and one for white people would soon be filled, if appropriations for the building of these pavilions could be had. Since patients referred to state maintained homes for the indigent are seldom returned to their ordinary walks of life, it is recommended that great care be continued in selecting candidates for admission to such institutions, since otherwise the number of inmates will ever increase in proportion to the general population.

The Kent General Hospital at Dover, Delaware. Number of beds, 54; number of admissions, 1,196; daily average, 30.9; number of deaths, 75; num-

ber of autopsies, 12 or 16%. The service to the patients in this hospital is good, but the building is poorly planned and the work is thereby handicapped. The nurses' quarters are poor, overcrowded, and are not in one unit. A laundry is badly needed. Another floor or wing of ten beds for adults and an adequate children's ward to replace the present dark and crowded room is badly needed.

The Milford Memorial Hospital at Milford, Delaware. Number of beds, 100; number of admissions since April 1938, 905; daily average, 53; number of deaths, 53; number of autopsies, 3 or 6%. This hospital building is new and well planned. The chief objection as to the work is the poor condition of the records. A new nurses' home is needed. The old nurses' quarters are inadequate and are far from the hospital. A house physician has just been engaged.

The Beebe Hospital at Lewes, Delaware. Number of beds, 96; number of admissions, 978; daily average, 31; number of deaths, 61; number of autopsies 5 or 8%. The hospital is well staffed, and is rendering good service. It is felt that adequate laundry machinery would obviate any of the laundry being done by private contract and would be a paying proposition. A new addition, well planned and equipped, has recently been opened. However, this was done when the daily census was below the previous bed capacity. It would seem that a rearrangement of the old building and modernization of such equipment as the x-ray room would have been money well spent.

The Brandywine Sanatorium at Marshallton, Delaware. Number of beds, 160; number of admissions, 86; daily census, 139.7; number of deaths, 23; number of autopsies, 2 or 8%. As is well known, the work at Brandywine is excellent and the results in returning patients to useful life good. The accommodations for patients are nearly adequate so that the children's building has some empty beds at all times, that a white woman applicant for admission has to wait only four or five days, and a white man only two weeks before admission. The accommodations for the care of the white tuberculous patient in Delaware compare favorably with those in any state in the union.

The Edgewood Sanatorium at Marshallton, Delaware. This institution for the care of the tuberculous negro is under excellent management and the quality of work done is high. However, in a building designed to accommodate twenty patients, there are thirty-five beds, which are filled practically all the time. The result is that a candidate for admission is on the waiting list from four to five months and, therefore, if he enters the hospital at all, is in a great percentage of the cases a person who has been subjected to the ravages of the disease too long for a hope of cure. Because of these conditions, it is obvious that a great percentage of the tuberculous negroes of the state are at large with resulting danger to all with whom they come in contact, whether in their own homes or in the homes of others. It is the opinion of this committee that no more important action could be taken by this society than to recommend and urge to the Legislature that adequate funds be appropriated to Edgewood Sanatorium in order to give proper care for the negroes of the state who are suffering from tuberculosis.

Respectfully submitted,
L. C. MUNSON

PRESIDENT PRICKETT: You have heard the report of the Committee on Hospitals. What is your pleasure, gentlemen?

DR. BIRD: I move it be accepted.

...The motion was seconded by Dr. Smith, put to a vote, and carried...

PRESIDENT PRICKETT: The next report is that of the Committee on Necrology, Dr. G. W. K. Forrest.

Report of the Committee on Necrology

DR. FORREST: Mr. President, our Committee has not had a meeting, and I am pretty sure every member of the Committee here would agree with me that it would be unnecessary for us to take any formal action tonight, inasmuch as appropriate Resolutions have been adopted by the various county societies and such resolutions have been presented to the families of the deceased members and published in the State Medical Journal.

The only motion I would make at this moment would be that we stand for a moment in silence in memory of our three departed brothers. I will give you their names:

Dr. W. T. Jones, Laurel, who died October 22, 1937, shortly after our last session;

Dr. J. L. France, Wilmington, who died March 14, 1938; and

Dr. Charles P. White, Wilmington, who died April 13, 1938.

...The members arose and stood in silence for one minute...

PRESIDENT PRICKETT: We will pass on to the next order of business, which is Reports of Special Committees, the first of which is Women's Auxiliary. The Chairman of that Committee is Dr. T. E. Davies. Also on the Committee is Dr. Margaret I. Handy. Do you have anything to report, Dr. Handy?

DR. HANDY: No report.

PRESIDENT PRICKETT: Thank you.

Next is the Special Committee on Cancer. The Chairman of that Committee is Dr. Ira Burns.

...Dr. Burns presented the report of this Committee, as follows:

Report of the Committee on Cancer

The Committee on Cancer of the Medical Society of Delaware desires to report that it has cooperated with the Delaware Committee of the American Society for the Control of Cancer in a conjoined activity in which there has been mailed, to every practicing physician in the state, a manual on cancer.

This manual is complimentary and the expense of it has been borne by the Delaware Committee of the Society for the Control of Cancer.

Its use by physicians, particularly by those seeing but few cancer cases each year, will serve one very valuable means of effectively recognizing early cases of the disease in every organ of the body, your committee feels.

This activity has the unanimous approval of your Committee on Cancer.

Respectively submitted.

IRA BURNS.

PRESIDENT PRICKETT: Gentlemen, what is your pleasure with respect to this report?

DR. BIRD: I move the report be accepted.

...The motion was seconded by Dr. Smith, put to a vote, and carried...

PRESIDENT PRICKETT: I will now call for the report of the Auditing Committee.

Report of the Auditing Committee

DR. NILES: After examining the books of the Treasurer we find with the exception of two checks—one dated October 15, Number 414, and one dated October 5, Number 213, each for \$207, which have not come in yet—the books are in perfect order and we recommend them to be approved. The two checks to which I have referred were written to the Delaware State Journal and the checks have not yet been returned.

PRESIDENT PRICKETT: I will entertain a motion to accept the report.

DR. SMITH: I so move.

...The motion was seconded by Dr. Tomlinson put to a vote, and carried...

PRESIDENT PRICKETT: The next order of business is the report of the Committee on Syphilis, Dr. I. L. Chipman, Chairman.

...Dr. Chipman presented the prepared report of the Committee, as follows:

Report of the Committee on Syphilis

This Committee had a meeting in September, at which time the work being done by the State Board of Health in the control of syphilis was discussed. The Committee feels that a rather good program has been developed and is being carried out in Delaware, it appreciates the work the personnel of the State Board of Health is doing.

Many of the recommendations made by this Committee last year have been carried out.

There were 2,820 new cases of syphilis reported to the U. S. P. H. S. in the year 1937-1938 by the State Board of Health, an increase of 850 cases or 43% over the previous year. There were 20,482 treatments administered during the same period by Hospital and State Board Clinics, an increase of 9,367 or 84.3%.

New clinics were opened at Newark and Frankford and a colored clinic in Wilmington. The City Board of Health through City Council, will supply space for the latter clinic. It should be staffed and operated by the colored physicians of Wilmington and not by the State Board of Health. At present the clinic is held at 910 French street.

Free arsenicals and bismuth continue to be furnished physicians for the treatment of syphilis on request, provided the case is reported to the State Board of Health.

Manuals on the treatment of syphilis, published by the U. S. P. H. S., were purchased by the Board of Health and distributed to those physicians of the state who had sent blood specimens to the state laboratory for serodiagnostic tests during the past year.

A survey of the syphilis control work in the state was made by Dr. O. C. Wenger of the United States Public Health Service in June 1938. His report was quite commendatory.

Illustrated lectures and talks on syphilis were given to interested groups throughout the year. In December the Delaware Academy of Medicine sponsored a venereal disease week during which three evening meetings were held at the Academy, one for physicians, one for nurses and social workers, and one for the general public.

A syphilis follow-up nurse is now on duty in each county and there are two additional for Wilmington.

Free laboratory service for serodiagnostic tests, that is, the Kahn and Kolmer Wassermann tests continue to be available to physicians at the State Board laboratory. Immediate and deferred dark-field examinations are made at the Wilmington City Board of Health laboratory, as well as at

the state laboratory. Containers for holding material for the deferred examinations may be had by any physician upon request.

The Committee wishes to remind physicians that the time to treat infectious syphilis is just as soon as the diagnosis is made and confirmed by a darkfield or serodiagnostic test, and that the arsphenamines are the only drugs which should be used to control infectiousness; bismuth or mercury to be used as an adjunct after infectiousness is controlled.

The recommendations of the Committee for improving the syphilis control program in Delaware are as follows:

1. A new form for the reporting of syphilis by physicians should be devised by the State Board. Physicians should use the new form, and not expect statistics to be taken from laboratory reports.

2. All laboratories performing serodiagnostic tests for syphilis should be checked with the State Board of Health laboratory, as a control laboratory at regular intervals. The results of such control tests to be entirely confidential.

3. Recommends for legislation, that prenatal serodiagnostic tests be compulsory on all pregnant women, the earlier the test is taken in pregnancy the better.

4. The Committee does not go on record as being opposed to legislation compelling premarital serodiagnostic tests, but in view of pending investigation as to the practicability of such tests feels legislation should be postponed.

5. Recommend that no other syphilis clinics shall be completed during the coming year beyond those already projected or in process of construction.

Respectfully submitted,

I. L. CHIPMAN.

PRESIDENT PRICKETT: What is your pleasure with Dr. Chipman's report?

DR. BIRD: I move the report be accepted.

...The motion was duly seconded...

DR. HUDSON: I should like to say a word before that motion is put to a vote, if I may.

As far as the number of clinics in the state is concerned, I think at the present time the State Board of Health Clinics throughout the counties and the clinics in Wilmington are just about able to take care of the work. There are I think at the present time three proposed clinics which are not in existence. If those are established, as far as I know, one will be at Milford. One has been worked on for a long time at Middletown but it hasn't been established as yet, I don't believe. And there is a possibility of one being established at Lewes.

If there are any objections to those, I would like to hear from the men present.

DR. CHIPMAN: Doctor, I think that was covered in the last paragraph which says that any projected clinics in the making for this coming year were satisfactory.

PRESIDENT PRICKETT: Is there any other discussion? If not, all those in favor of accepting the report say, "Aye"; opposed, "No." It is so ordered.

Next is the report of the special Committee on Tuberculosis. Dr. Meredith I. Samuel.

...Dr. Samuel presented the report of the Committee, as follows:

Report of Committee on Tuberculosis

Your Committee regrets to have to report to you that the 1937 tuberculosis mortality rate in

Delaware showed a slight increase over 1936. In 1936, 125 citizens died in Delaware and, in 1937, 142. As in the past, the negro rate was more than four times higher than the white rate. Our white rate of 36.1 per 100,000 population compares very favorably with the national rate, but the negro rate of 157.4 is distressingly large. Delaware had but 88 deaths from tuberculosis last year among the white people, and 54 deaths among negroes, although they constitute less than one-fifth of the total population of the state.

A brief summary of the many activities carried on during the year by the various agencies of prevention and control follows:

DELAWARE STATE BOARD OF HEALTH

BRANDYWINE SANATORIUM—Dr. L. D. Phillips, Superintendent of Brandywine Sanatorium, makes the following summary:

Total No. of Patient Days	51,059
Average Daily Census	139.73
Average Length of Stay (Non-Tuberculosis Cases Excluded)	511.8
Longest Stay	2,519 Days
Shortest Stay	1 Day
No. of Patients Admitted During the Year (July 1, 1937 to July 1, 1938)	86
No. Patients on Waiting List July 1, 1938 ..	16
No. Patients Remaining June 30, 1938	140

Under the heading of *Operative Procedures* were the following:

Artificial Pneumothoraces:

No. Patients Treated	115
No. Treatments Given	3,252

Thoracenteses:

No. Patients Treated	28
No. Treatments Given	257

Pneumo-Peritoneum:

No. Patients Treated	4
No. Treatments Given	44

CHEST CLINICS—At the Chest Clinics maintained by the State Board of Health, a total of 1,626 examinations were made; 226 classed as inactive, 130 as active and 851 as contacts.

EDGEWOOD SANATORIUM—Dr. Conwell Banton, Medical Director of Edgewood Sanatorium, reports the following:

No. Patients on Waiting List	25
No. Refused Admission	10
No. Admitted	28
No. Doing Well at Home	1
No. who Died Before Admission	11
No. Unable to Locate	2
No. Patients Remaining	36
No. Patients Discharged	19
No. Patients Died	16
Total Number Patient Days	1,064
Average Daily Census	30
Shortest Stay	4 Days
Longest Stay	2,341 Days

PUBLIC HEALTH NURSING—Mrs. Kathryn Trent, Director of Public Health-Nursing of the State Board of Health, states that "during the last year there has been a definite movement forward in the field of tuberculin testing in that emphasis has been placed on the older age group and included the Delaware State College for Colored Students and the University of Delaware.

"There has been no decrease in the attendance in clinics throughout the state and, in some cases, there have been definite increases. Supervision of cases forced to remain in their homes has been carried on as effectively as possible. Many negro patients remain in their homes because of inadequate facilities for caring for

them in our sanatorium. We are of the opinion that the nurses are attempting to discover symptoms of early cases of tuberculosis in all their home contacts.

"The program of education has been enlarged through the distribution of educational material, films and talks to lay and school groups. The extension of the library for the nursing service has been made possible through the assistance of the Anti-Tuberculosis Society."

VISITING NURSE ASSOCIATION—Mrs. Anna Van W. Castle, Director, states: "The Wilmington Visiting Nurse Association plays a part in the program of the Delaware Anti-Tuberculosis Society by giving bedside care to the actively ill tuberculosis patients in the territory covered by the Visiting Nurses."

For the year 1937, Mrs. Castle reports:	
No. of Cases Carried from 1936	14
No. of Cases Admitted in 1937	53
No. of Cases Discharged in 1937	59
No. of Cases Carried to 1938	8
Visits to Discharged Patients	1,514
No. of Colored Cases	8
No. of White Cases	51

DELAWARE ANTI-TUBERCULOSIS SOCIETY—In addition to the cooperative nursing project already referred to, the Society cooperates with the State Board of Health in the tuberculin testing and x-raying of school children. The record for this work from July 1, 1937 to July 1, 1938 is as follows:

Total Number Tested	2,233
Positive Reactors	968
Negative	1,265
X-ray of Contacts	121
Contacts Positive	54
Contacts Negative	67
X-ray Non-Contacts	621
Non-contacts Positive	150
Non-contacts Negative	471
Percentage Non-contacts Positive	24
Percentage Contacts Positive	43

The Society continued its health education program in cooperation with the State Department of Public Instruction and, during the year, its "Health Habit" project was used by 336 school-rooms, with nearly 10,000 pupils enrolled. More than 100,000 pieces of informative literature were distributed, with 133 talks, conferences and dramatizations.

SUNNYBROOK COTTAGE—The Society's preventorium, during the past fiscal year, afforded preventorium care for 30 children. Patient days numbered 6,841, total school days were 4,491, and the approximate cost per diem was \$1.50.

In closing, I wish to stress that one of the crying needs in Delaware today is more adequate care for colored tuberculosis patients. This need has been discussed for a number of years by our own Medical Society, the State Board of Health and the Delaware Anti-Tuberculosis Society. The Society has prepared a Resolution which reads as follows:

Whereas, Information compiled by the Delaware State Board of Health and the Delaware Anti-Tuberculosis Society substantiates again the wholly inadequate provisions for the care of colored tuberculous patients at Edgewood Sanatorium, and

Whereas, With a waiting list of twenty-five patients, necessitating often more than a year after diagnosis before care may be given, and

Whereas, During this year eleven colored tuberculosis patients have died before admission, and

Whereas, The colored tuberculosis death rate in Delaware is more than three times higher than the white rate, and

Whereas, Every case of tuberculosis comes from another case, and no home is safe until all homes are safe, be it now

Resolved, That the Medical Society of Delaware urgently request the next legislature in Delaware to provide for additional sanatorium facilities for the care of colored tuberculous patients in Delaware.

Respectfully submitted,

MEREDITH I. SAMUEL.

DR. SAMUEL: The Delaware Anti-Tuberculosis Society wish our Society to be the first to adopt this resolution. They intend to send it to different civic bodies and other organizations throughout the state, but they have held back until I presented it tonight, so that it could be passed first by our Society.

Mr. President, I respectfully submit my report and move adoption of the resolution.

DR. FORREST: Mr. President, I think it would be well if in the "whereases" of that resolution there was reference made to the report of the Committee on Hospitals, who made a similar report as to the mortality rate being so much greater among the negroes than it is among the whites. Isn't that right, Dr. Wilson?

DR. WILSON: I think so.

DR. FORREST: I think that should be put in your resolution, too. We should as a society go on record as saying we have inspected the hospital and find that condition to exist. That was reported by Dr. Wilson, you will remember.

DR. SAMUEL: I will be very glad to accept that suggestion.

DR. FORREST: Will you accept that addition?

DR. SAMUEL: Yes, positively.

PRESIDENT PRICKETT: A motion was made by Dr. Samuel for acceptance of the resolution, including Dr. Forrest's amendment.

DR. FORREST: That particular clause in Dr. Wilson's report pertaining to the Sanitarium.

PRESIDENT PRICKETT: All those in favor of the resolution say, "Aye"; opposed, "No." The motion is carried and the resolution is adopted.

Now, what is your pleasure with respect to Dr. Samuel's report?

DR. BIRD: I move its acceptance.

...The motion was duly seconded, put to a vote and carried...

PRESIDENT PRICKETT: Next is the report of the special Committee on Medical Economics, Dr. Bird.

...Dr. Bird presented the report of the Committee on Medical Economics, as follows:

Report of the Committee on Medical Economics

The Committee on Medical Economics has had placed within its hands the responsibility of conducting within this state the survey of the facilities and the availability of medical care which the American Medical Association has requested of all the states. The keynote of this survey is the report by the individual practitioner, to be made on Forms 1 and 1F. To date, approximately one-half of these forms have been returned to the Committee.

The importance of this survey, difficult though it may be to attain to something like real accu-

acy, was made doubly apparent at the special session of the House of Delegates of the A. M. A. last month, when it was shown that this survey must do two things: (1) refute what we are convinced are inaccurate figures in the Federal program; and (2) provide a basis for proper counter-proposals to the Federal program. These objectives are fundamental to the preservation of the best interests of the profession and of the public, and so we urge all who have not already done so, to return their forms properly executed, as promptly as possible.

The Committee yet has to correlate all the data returned, and should make its report to the A. M. A. headquarters in ample time for them to prepare their program in advance of the convening of Congress next January.

Respectfully submitted.

W. EDWIN BIRD.

PRESIDENT PRICKETT: What is your pleasure, gentlemen, with that report?

DR. SMITH: I move the report be accepted.

...The motion was duly seconded, put to a vote, and carried...

PRESIDENT PRICKETT: Next is the report of the Committee on Criminologic Institutes. Dr. Elfeld is Chairman of that Committee. The Secretary will read that report.

...Secretary Gilliland read the report of the Committee, as follows:

Report of the Committee on Criminology

The Committee of Criminology feels that due to the fact that the criminal problem is not hampered by major crimes, but by minor crimes, and that the minor crimes are frequently caused by slight deviations from the normal, mentally, and adverse social situations, that it is the duty of the physicians to cooperate with the legal profession to solve problems as they arise. This can be done only by affording every individual the maximum opportunities commensurate with his mental and physical ability and that each individual's mental and physical ability should be developed to the utmost. Such can only be done by close cooperation between the educational system and organized social workers.

Though the Committee has not been active, it feels that definite forward steps have been made by the various agencies in solving the problem, but still feels that physicians must continue increasing their interest in the individual's adjustment to prevent crime.

It is felt that an important problem in our state is the sale of sedatives and non-restricted narcotics without a prescription of a physician. The Committee wishes to recommend that the Medical Society present a bill to the Legislature preventing such sales. Since this state has no institution for the care of drug addicts, the problem is a serious one for those who have become victims, since imprisonment is the only means available at present, and this does not cover addiction to the above mentioned drugs.

P. F. ELFELD.

PRESIDENT PRICKETT: What is your pleasure, gentlemen, with that report?

DR. TOMLINSON: I move the report be accepted.

...The motion was seconded by Dr. Smith, put to a vote, and carried...

PRESIDENT PRICKETT: Next is the report of the Committee on Mental Health, Dr. Tarumianz, Chairman.

...Dr. Tarumianz presented the report as follows:

Report of the Committee on Mental Health

The housing conditions of the Delaware State Hospital have seriously handicapped the proper care and treatment of those who have been entrusted to the hospital by the people of the State of Delaware.

It is impossible to conceive that one can achieve successful results in the treatment of the individual, when the vast majority of the individuals, are cramped and packed together to an extent that the mere existence becomes burdensome.

All of the old buildings of the hospital are so overcrowded that every available space, even corridors, day rooms and basements are filled with beds. It is true that the new buildings as well as the receiving wards have adequate space, but unfortunately they accommodate less than one-third of the population.

Recently the hospital completed the repairs and remodeling of the north and west wings of New Castle Building. Funds for this work were appropriated by the last Legislature. The wings have been properly equipped and will be ready to receive patients in the very near future.

On October 10th the hospital was in actuality short of space for over 200 beds. Considering the fact that they have an increase in population of about 50 every year and the fact that at the present time about 100 white and colored patients occupy rooms in the basements, it is obvious that the hospital will need space for 350 beds by the end of 1939.

There is but one method to approach this question of mental disease since it certainly is on a rampage in our midst. Surely we read enough concerning the United States Public Health Service and its accomplishments, in the last quarter of a century in regard to physical health and preventive medicine. Unless people have the same attitude toward mental and nervous diseases as they do toward the physical, we are afraid that in the next quarter of a century the population of the hospital will reach the peak of 2600. The time has come when the people of the state must be told by the physicians, that there are but two ways to cope with this situation, preventive psychiatric work, through education as well as guiding our children, and adolescent, and inadequately prepared adults, and adequate care and treatment of all acutely mentally and nervously ill individuals in the state.

For the reasons above mentioned the hospital authorities will request the Legislature to consider an adequate building program in the near future.

In this program the hospital authorities will include a complete negro unit which will give the colored patients adequate care and modern psychiatric and medical treatment.

The Committee wishes to call to the attention of the House of Delegates, as well as the Society as a whole, to consider this the business of the medical profession and pass an adequate resolution to assist in the care of mentally ill.

The Committee on Criminologic Institutes, has called the attention of the Medical Society to the existing conditions in regard to the sale of sedatives and other drugs.

This Committee fully approves the thought as presented by the Committee on Criminologic Institutes, and urges the Society to present an adequate bill to protect our people from the undesirable existing conditions.

The care of alcoholics and seniles without psychoses is a serious problem in our state. We feel that the Medical Society of Delaware should attempt to present a bill by which adequate measures can be taken to provide special departments for the care of the above-mentioned individuals, under the jurisdiction of the Delaware State Hospital. Every practicing physician is aware of the fact that there are many alcoholics who are community problems and yet legally they cannot be committed to Delaware State Hospital for care, and it is against all good thinking to commit these individuals to the workhouse and jails.

The physicians are also confronted with the problem of old people who are not psychotic yet they are mentally deteriorated to such an extent that the Welfare Home cannot accept them.

In the past the State Hospital has accommodated all these old people, but in the future unless there is some specific provision made the hospital will be unable to render such service.

These are a few of the many problems of mental health that physicians must consider and tackle every two years when the Legislature meets.

Respectfully submitted,
M. A. TARUMIANZ.

DR. TARUMIANZ: May I add to this, that, to my notion, the care of old people who have a certain amount of deterioration, which is natural, is most acute and perhaps the most important problem in this state?

We come across people nowadays who have a father who is seventy-eight, eighty or eighty-five years of age, with a certain amount of deviation from normal, and there is nowhere to send such a person, nor to obtain proper, comfortable care for such an individual. It is a disgrace when one finds an individual of this type abandoned in some shack, and there is no provision in this state for that individual to be taken care of, because the law specifically says that no individual, regardless of age, who deviates from normalcy can be admitted to the State Welfare Home. Either the law will have to be amended—and that again must be done through the Society's efforts—or you will simply have to have a special department for senile cases without psychosis.

Alcoholics you all know about. I receive calls from practicing physicians every day, and they don't all come from Wilmington, they come mostly from downstate, "We have a man here who is a community problem; what shall we do?"

We cannot send that fellow to jail. We have been sending him there for the last five years but actually nothing is done for him. He stays there for ten days and then he is back again, still a problem.

Dr. Smith can tell you how many cases he has to tackle. He calls me on the telephone and says, "What shall I do? The man is not insane but unquestionably he is a community problem."

This is the time for you to pass such a resolution for your own protection. If you don't take some such action, don't blame me as the executive of a hospital if, in attempting to comply with the state laws, I refuse to assume the responsibility of receiving such a person in our hospital. Nor can you as practicing physicians conscientiously sign a certificate stating that such a person is insane, when you know as a matter of fact that the man is not mentally ill, but is slightly upset emotionally because of his condition.

I urge this House of Delegates to pass a resolution such as it passed a moment ago in regard

to tuberculosis cases. Unquestionably, that is a very urgent problem, but it is no more urgent than these two problems as well as the problem of sale of sedatives to anyone without a prescription.

Two weeks ago I had a girl brought to the hospital who had bought eighteen capsules of three grains of sodium amylal and took them all at once.

Why shouldn't we have the same kind of law that they have in our neighboring states: that no one can purchase sedatives without the prescription of a physician?

If we sit idly by, without passing a resolution on this matter and urging our legislators to take some action, I am sure the Legislature will not be very much concerned because this is our problem primarily as physicians.

I therefore urge that someone offer such a resolution.

Thank you very much.

DR. SMITH: I just want to say that I am certainly in sympathy with Dr. Tarumianz. I have had very close contact with him on this problem. As he said, when we send one of these alcoholics to jail for ten days, at the end of that time he is back and in a couple of weeks he is at it again. It is going on all the time.

As for the sale of drugs, anyone at all can go in and buy sodium amylal, phenobarbitol, and any of the barbiturates, without any trouble.

As far as crowding in this institution is concerned, I guess I am in a position to know about that better than anybody else. I know what kind of trouble we have getting these people in from the police station, especially the alcoholics and the senile cases. Of course, when they had the poorhouse out there they were able to take those cases in the poorhouse that weren't off very much mentally. We can't do that any more, and we can't get them in the Welfare Home. We don't know what to do with them.

SECRETARY GILLILAND: Mr. President, inasmuch as the name of the Welfare Home has come up in the discussion, I might say that cases of the three types that Dr. Tarumianz has referred to have been admitted—I should say treated, because they haven't all been admitted. If we thought they were insane, we had them examined by the Mental Hygiene Clinic. We have treated alcoholics, with fair success. We have had some drug addicts, although I won't claim that we have had much success with them.

But Dr. Tarumianz has raised a very important question. Some action should be taken either to amend the law governing admissions to the Welfare Home or a separate department should be set up in State Hospital to take care of people who are not able to be admitted or handled at the Welfare Home.

I have people in there now who could be classified as insane. As long as they do not create too much disturbance and do not attempt to injure the other patients, I don't try to crowd them off on Dr. Tarumianz. I keep them, even though the law says that no insane patient shall be admitted.

We handle the alcoholics that we can, but the violent alcoholics we are not equipped to handle.

Personally, I should like to see a resolution of the type Dr. Tarumianz has suggested adopted here.

DR. TARUMIANZ: Mr. President, may I suggest it would be much easier if the House of Delegates would approve the report of the Committee on Mental Health and send a copy of that to the

State Legislature, the House of Representatives as well as the Senate?

DR. CHIPMAN: Before that is done, I would like to make a suggestion, Mr. President: that you adopt this report and that the report be turned over to the Legislative Committee of our Society to go over it carefully, leave in what is good and take out what is bad.

PRESIDENT PRICKETT: Do you make that as a motion?

DR. CHIPMAN: I make that as a motion.

...The motion was seconded by Dr. Wilson...

PRESIDENT PRICKETT: You have heard the motion which has been made and properly seconded. Is there any discussion?

DR. FORREST: That particular motion might apply to all these other resolutions we have passed. I think it is a good thought. The Committee on Public Policy and Legislation should be informed and have a full copy of all these resolutions we passed tonight, with respect to legislation, so that they may study those things and be ready to present them to the Legislature at the coming session.

I heartily approve of this resolution. I have had quite a bit of experience with these aged and alcoholic and other cases, plenty of them just on the borderline of insanity, and I know Dr. Tarumianz is on the right track in presenting such a report from the Committee.

DR. CHIPMAN: I will make that motion apply to all resolutions regarding legislation which we have passed here tonight.

PRESIDENT PRICKETT: Does that meet with your approval, Mr. Tarumianz?

DR. TARUMIANZ: I have nothing to say.

DR. CHIPMAN: I move the report be accepted.

...The motion was duly seconded...

PRESIDENT PRICKETT: It is moved and seconded that the report be accepted. All those in favor say, "Aye"; opposed, "No." It is adopted.

DR. TARUMIANZ: Mr. President, acceptance of the report means very little, from my twenty years of experience in this work. It is just another report filed, without even a reminder to the next annual meeting.

A few moments ago you passed a resolution in regard to the negro tuberculosis situation. Isn't it only fair that this House of Delegates should not show partiality between these two important factors which have been presented to you? To be sure, the negro tuberculosis problem is serious, but this is something that applies to whites as well as negroes, and it is something that is of interest to all physicians. Everyone is confronted with that terrible situation of alcoholics and seniles, as well as the sedative problem.

If you could pass a resolution on this other problem, I don't see on what basis you can consider this simply as an accepted proposition without passing an adequate resolution so it will be an active proposition.

PRESIDENT PRICKETT: I thought Dr. Chipman meant to follow that with a resolution.

DR. CHIPMAN: Yes.

DR. BIRD: Mr. President, I believe we have a By-Law in this Society which provides that all resolutions shall be submitted in writing. The subject matter of Dr. Tarumianz's resolution is just as important as that of Dr. Samuel's. If Dr. Tarumianz could quickly prepare a resolution while we go on to some other subject, we can come back to that later and pass his resolution.

PRESIDENT PRICKETT: Dr. Bird is correct.

DR. TARUMIANZ: There is a resolution contained in my report. May I read it?

PRESIDENT PRICKETT: You may, Doctor.

DR. TARUMIANZ: This is the resolution:

Resolution on Mental Health and Sedatives

Whereas, the House of Delegates of the Medical Society of Delaware at its meeting on October 11, 1938, received reports from the Committee on Hospitals, the Committee on Criminologic Institutes, and the Committee on Mental Health, and

Whereas, the House of Delegates agrees that the Delaware State Hospital is seriously handicapped because of improper housing facilities, and

Whereas, the House of Delegates feels that the problem of senile and alcoholic individuals without psychoses is a serious one, and

Whereas, the House of Delegates finds that there is no law in the state prohibiting the sale of sedatives and certain non-restricted narcotics; be it

Resolved, That the Medical Society of Delaware approves an additional building program for the Delaware State Hospital; be it further

Resolved, That the Medical Society of Delaware approves the preparation of a proper bill to present to the next session of the Legislature to provide for the care of senile and alcoholic individuals without psychoses; be it further

Resolved, That the Medical Society of Delaware present a bill prohibiting the sale of sedatives and non-restricted narcotics without a prescription from a physician; and be it further

Resolved, That a copy of this resolution be sent to the members of the Senate and House of Representatives at the next session of the Legislature.

DR. BIRD: I move adoption of that resolution.

...The motion was duly seconded, put to a vote, and carried...

PRESIDENT PRICKETT: Thank you very much, Dr. Tarumianz. That is a very good resolution.

The next report is that of the special Committee on Maternal and Infant Mortality. Dr. Booker!

Report of the Committee on Maternal and Infant Mortality

DR. BOOKER: Before reading this report, I should like to say a few words in explanation of it. When we decided to make this study we received from Dr. Philip Williams, of Philadelphia, a set of forms which they have been using. The Committee thought that those forms were entirely too voluminous for this Committee to undertake to study at the present time. We received then from the Children's Bureau of the Department of Labor a questionnaire, which is a composite of those that have been used by various medical societies.

With each questionnaire submitted to the doctor, we sent this letter:

"Recently, a number of medical societies have undertaken systematic investigations of the maternal deaths in their communities, so as to ascertain means for the avoidance of those which are avoidable. Last fall, the Medical Society of Delaware voted a Committee to this end.

"From the hospital and from state records at Dover, we find that you are likely to be in possession of the facts regarding the death on of at the Hospital. Accordingly, we are enclosing a questionnaire with respect to this death and are asking you to fill it out and return it to me, as Committee chairman.

An envelope is included for this purpose. This information is being obtained for the Medical Society of Delaware, and is in no sense a criticism of your conduct of the case.

"Preliminary findings must be given the Society next month on such deaths as have occurred since July 1, 1937. There is so little time remaining for assembling and considering the data that we will greatly appreciate your returning this within a week.

"We believe that you will save time and error if you read through the entire questionnaire before beginning to fill it out. Clerical work will be simplified if some sort of answer is checked or marked opposite every question. Approximations are requested where exact information is not available.

"Inquiries regarding any topic should be noted on the questionnaire, and submitted with it, together with information which might assist the committee in making correct entries where doubt arises in your mind.

"Very truly yours."

The Committee wishes it understood that the facts and figures given in this report are not an expression of opinion of the Committee, but are taken directly from these questionnaires which were returned, and the Committee also believes that these questionnaires should be filed in some place where they will be available for any future committee to study.

...Dr. Booker then presented the prepared report as follows:

In an effort to secure detailed data, the Committee on Maternal and Infant Mortality submitted a questionnaire to each of the physicians whose name appeared on the death certificate registered with the State Board of Health.

From July 1937 to August 1938, inclusive, there were 23 deaths classified as maternal deaths, which gives a rate of 53 per 10,000 live births. This compares with a rate of about 59 per 10,000 live births for the entire United States. Your Committee is of the opinion that two of these deaths were wrongly classified and should be excluded, which will give a corrected rate of 48.4.

Seventeen questionnaires were returned. Twenty of these deaths occurred in a hospital and three in the home. Causes of death were as follows: Intestinal obstruction—post operative—Caesarean; thrombo-phlebitis of right ovarian vein; criminal abortion—ruptured appendix with peritonitis; unruptured ectopic found at operation. These are the two deaths that were mentioned above as having been excluded in this study. Ruptured tubal pregnancy; abdominal pregnancy with pelvic peritonitis and tubo-ovarian abscess; pyelophlebitis; septicemia; massive thrombosis; hemorrhage and coronary thrombosis; coronary embolism; intra-abdominal delivery of foetus and placenta; shock due to infarct; premature separation of the placenta; rheumatic heart disease; convulsive toxemia; pelvic peritonitis.

Four of the above deaths were classified as due to infection, eight were classified as preventable, and nine as non-preventable. Ignorance or neglect on the part of the patient was a contributing factor in six deaths. Error in judgment of the attending physician was a factor in two cases. Nine patients were hospitalized by pre-arrangement, and eight were admitted as emergencies. Eight babies were live-born and seven were still-born. No questionnaire showed attendance by a midwife prior to medical attention. Due to the incompleteness of so many of the questionnaires it

is impossible to give more detailed data on many other phases of this subject.

As this is the first time that such a study has been attempted your Committee would like to have some expression of opinion as to its value, and as to whether this subject is to be further studied in the future.

Respectfully submitted,
LEWIS BOOKER.

PRESIDENT PRICKETT: Is there any discussion of this report, gentlemen?

DR. SMITH: It seems to me that some of those deaths are quite far-fetched. We cut the maternal mortality rate down a little more than is indicated in that report. I don't know just how thoroughly the Committee went into it. Did you investigate those deaths pretty thoroughly, Doctor?

DR. BOOKER: Those were taken from the records of the State Board of Health. We did not make any further investigation of their records, except to take that list and to classify them.

DR. SMITH: I think if you would make a little more current investigation of it you would find that the rate has been cut down considerably.

DR. BOOKER: In answer to Dr. Smith, I might say there is one death listed there which occurred fifty-three days after delivery. It was my understanding that any death occurring within sixty days after delivery is to be classified as a maternal death.

PRESIDENT PRICKETT: Is there any further discussion? What is your pleasure with the report?

DR. CHIPMAN: I move the report be accepted.

DR. FORREST: And that the Committee be continued.

PRESIDENT PRICKETT: The motion is that the report be accepted and the Committee continued. Is it seconded?

...The motion was seconded by Dr. McElfatrick, put to a vote, and carried...

PRESIDENT PRICKETT: The next item of business is the report of the Delegate to the American Medical Association, Dr. Fitchett.

Report of Delegate to A. M. A.

DR. FITCHETT: Mr. President, Members of the House of Delegates: I am afraid I have too conscientious a report here, so I shall simply present the items that I think you will be concerned with mainly.

The San Francisco convention was held last June. In the Secretary's report to that convention were one or two items we should note. He stated that there was a need for increased interest in scientific work, particularly in the county societies. He emphasized the fact that the A. M. A. depends essentially for its strength on the activity of its constituent state and component county units. Unfortunately, he stated, there appears to be a deplorably large number of these units that are stagnant, and this condition must be corrected if the Association is to function effectively.

In this connection, in President-Elect Abell's address, he made an urgent plea for an ever-widening expansion of the refresher courses now being offered to physicians so circumstanced as not to be able to procure these advantages in the larger teaching centers.

The report of the Board of Trustees was concerned in large part with the survey, which you have all heard about, and the importance of that survey was emphasized and re-emphasized

throughout the session. Each delegate was instructed to return to his state society with the plea that that survey be completed as well as it could be, as soon as possible. I won't go into that any further.

The Reference Committee on Legislation and Public Relations recommended, and the House adopted, the following: (1) The reiteration of its demand for a Department of Health, with an M. D. in the President's Cabinet; (2) to safeguard the injured workman, the carrier, and the physician, the state societies were urged to attempt to procure medical membership on state compensation commissions or industrial boards; (3) the ten principles adopted in 1934 to guide the state and county societies in developing procedures for supplying the needs where medical services are insufficient or unavoidable were reaffirmed; (4) the ten principles adopted in 1937 by the House in regard to group hospitalization were amplified. For four years and for one year now, we have had these rules to aid us in developing our own plans for group hospitalization and for medical care.

You are all familiar with the fact that Dr. Sleyster is the President-Elect, and you all know the next conventions will be held in St. Louis in 1939, in New York in 1940, and in Cleveland in 1941.

The Chicago meeting was a special session called by the Board of Trustees to consider the five proposals of the National Health Conference. You are all familiar with that but I think they are important enough for me to read, so I am going to read them.

The House agreed with the Government's proposals on some points and differed with them on others. They differed with them completely on the approach to the entire subject, with the exception of the public health measures. That is, when we look at the House proposals and the Government's proposals, we see Federal versus local supervision and accomplishment. So they disagreed with them, in the main.

There was nothing particularly new in the proposals as they were all based on the ten proposals of the 1934 House on medical care and the 1937 proposals on group hospitalization. There is nothing new about them.

The recommendations made by the Committee and adopted after discussion by the House are as follows:

I. Concerning the expansion of public health facilities:

(a) Reiterated the demand for a Federal Department of Health;

(b) The general principles for the expansion of the public health service and maternal and child health services were approved and the cooperation of the A. M. A. was assured in developing efficient and economical means of putting the program into effect.

(c) Any expenditures made for the expansion of the program should not include the treatment of disease except so far as this cannot be successfully accomplished through the private practitioner.

II. Concerning the expansion of hospital facilities:

(a) Recommended the expansion of general hospital facilities where the need exists. The situation would indicate that there is a present greater need for the use of existing facilities than for additional hospitals.

The stability and efficiency of many existing

church and voluntary hospitals could be assured by the payment to them of the costs of the necessary hospitalization of the medically indigent.

III. Recommendations on medical care for the medical needy:

The House recognized the principle that the complete medical care of the indigent is a responsibility of the community, medical and allied professions and that much care should be organized by local governmental units and supported by tax funds. Since the indigent now constitute a large group in the population, the House recognized that the necessity for state aid in medical care may arise in poorer communities and the Federal Government may need to provide funds when the state is unable to meet the emergency.

They went on to say that they wished to see established well coordinated programs in the various states of the nation for improvement of food, housing, and other environmental conditions which have the greatest influence on the health of the people; also the establishment of a definite and far-reaching public health program for the education and information of all the people in order that they may take advantage of the present medical service now available in this country.

They welcomed the appropriation of funds to provide medical care for the medical needy provided (1) that the public welfare administrative procedures are simplified and coordinated and (2) that the provision of medical services is arranged by responsible local public officials in cooperation with the local medical profession and its allied groups. They endorsed the suggestion of the National Health Conference that "the role of the Federal Government should be principally that of giving financial and technical aid to the states in their development of sound programs through procedures largely of their own choice."

IV. A general program of medical care:

Because health needs and means to supply them vary throughout the country, the House encouraged county or district medical societies, with the approval of their state society, to develop appropriate means to meet their local requirements.

The principle of hospital service insurance was approved, as long as it provided hospital facilities alone and did not include any type of medical care.

The principle of cash indemnity insurance for meeting sickness costs was approved, as long as such plans complied with the state insurance laws and met with the approval of the state and county medical societies.

Any system of compulsory health insurance was condemned.

V. The recommendation on insurance against the loss of wages by sickness was unreservedly endorsed.

A committee of seven was named to consult with the proper Federal authorities relative to the proposed National Health program.

The entire session was characterized by a seriousness of purpose and a unanimity of expression and action such that it had a very wholesome effect in allaying doubts and fears as to the position of the A. M. A.

We were given the expression out there that if we have a particular problem here in Delaware, for example, or to bring it closer home, in Kent County, it is up to us and not the American Medical Association to meet that problem. They have given us a survey to determine what needs exist

here, if there are needs, and we have these ten proposals and have had them since 1934 to work on, to draw up our own program for meeting our needs here. The problem, as I see it, that was presented to us in Chicago was that it is essentially our own problem and it is for us to work out and not the American Medical Association.

PRESIDENT PRICKETT: Thank you for your report, Dr. Fitchett.

Has anyone any questions he wants to ask Dr. Fitchett about the report?

DR. BIRD: I move the report be accepted.

...The motion was seconded by Dr. McElfritch, put to a vote and carried...

PRESIDENT PRICKETT: Next is the report of the Representative to the Delaware Academy of Medicine. Dr. La Motte is not here so the Secretary will present that.

...Secretary Gilliland presented the report of the Representative to the Delaware Academy of Medicine as follows:

Report of Representative to Delaware Academy of Medicine

There has been constant use of the Library during the past year by the members and medical students, and also by the various local libraries through inter-library loan service. Several gifts of books and journals have been received. Our collection of books and files of journals has steadily grown during the past five years until we are able to meet most of the requests for reference material. When necessary we supplement with material from the larger medical libraries through the inter-library loan service.

Recently several old books of interest have been received, and of particular interest is a collection of old surgical and dental instruments, used by Dr. Morrison, a practitioner on the Eastern Shore of Maryland during the Civil War and later a druggist at Second and King streets, presented to the Library during the summer.

The program arranged by the Scientific Committee during the past season was varied, the papers being ably presented by authorities on medical, surgical and dental subjects, the last two meetings being of interest to both physicians and dentists.

Respectfully submitted,

W. O. LA MOTTE.

PRESIDENT PRICKETT: What is your pleasure, gentlemen?

DR. BIRD: I move the report be accepted.

...The motion was seconded by Dr. McElfritch, put to a vote, and carried...

PRESIDENT PRICKETT: Next is Unfinished Business. Under that heading we will have the report of the Nominating Committee.

DR. FORREST: The secretary of the Committee will present the report.

Report of the Nominating Committee

DR. MCDANIEL: Mr. President and Members of the House of Delegates: We present the following nominations:

First Vice President—Bruce Barnes, Seaford.

Second Vice President—Chas. G. Harmonson, Smyrna.

Secretary—A. V. Gilliland, Smyrna.

Treasurer—A. L. Heck, Wilmington.

Councilor—Roger Murray, Wilmington.

Committee on Scientific Work—Lawrence Jones, Wilmington; Stanley Warden, Dover; the Secretary.

Committee on Public Policy and Legislation—E. R. Mayerberg, Wilmington; Lewis Booker,

New Castle; J. S. McDaniel, Dover; Roscoe Elliott, Laurel; the Secretary.

Committee on Publication—W. E. Bird, Wilmington; M. A. Tarumianz, Farnhurst; the Secretary.

Committee on Medical Education—T. H. Davies, Wilmington; J. S. McDaniel, Dover; William Marshall, Milford.

Committee on Hospitals—C. L. Munson, Wilmington; H. V. P. Wilson, Dover; N. R. Washburn, Milford.

Committee on Necrology—Victor D. Washburn, Milford; C. G. Harmonson, Smyrna; N. W. Hocker, Lewes.

Recommendations to the Governor for the Board of Medical Examiners—Olin S. Allen, Wilmington; John Mullin, Wilmington; T. H. Davies, Wilmington; J. S. McDaniel, Dover; William Marshall, Milford; Wm. H. Speer, Wilmington; W. Edwin Bird, Wilmington; Lawrence J. Rigney, Wilmington; C. J. Prickett, Smyrna; Richard Beebe, Lewes.

The special committees, I believe, are appointed by the President.

PRESIDENT PRICKETT: What is your pleasure with the report of the Nominating Committee?

DR. TOMLINSON: Are nominations in order now or subsequently?

PRESIDENT PRICKETT: Nominations from the floor would be in order now.

DR. TOMLINSON: May we do so before this report is acted upon?

PRESIDENT PRICKETT: Yes, sir.

DR. TOMLINSON: Prefatorially, Mr. President and Members of the House of Delegates, I would like to inaugurate what I have to say by a very trite and frank statement to Dr. Gilliland that that which follows does not emanate from personal feeling because I have no animus.

Last year Dr. Gilliland succeeded Dr. Speer. Subsequent to his acceptance of the office of Secretary there developed in the minds of some of the delegates a feeling that the institution of such a plan had been the result of too rapid and too little consideration in the minds of some, and I might say in the minds of many of those who constituted the body of the House of Delegates.

I was called by phone by one member of such body and apprised of the mental complexion which had thus been engendered, and concurred in the expression of sentiment. There had evidently been—not through any participation on the part of Dr. Gilliland—a steam roller process employed which had some of the earmarks of political conniving.

As Dr. George Forrest knows and as Dr. Meredith Samuel knows, if he is here, I was so placed as a boy that I saw the engenderment of the legislation which constituted the primal protective mechanism surrounding not the physicians of this state, but the population at large, to keep them from the ministrations of those who were not duly qualified by processes of medical education to alleviate pathological entities. I know the fervor which imbued those men, their honesty of purpose, and the sincerity of their convictions relative to the imperativeness of such legislation. One of the participants in those efforts was the late Dr. Louis Flynn. Conferences were held, and the men felt that they had accomplished something which would accrue great benefit to this community represented by the state.

In this small coterie of professional confreres, about the only honor or acclaim which can be accorded to one of our number is a recognition of

merit in that individual by his medical associates, and possibly the only way in which that may be eventuated is by elevation to one of the senior offices of this Society.

I think the oppositional feeling which was begotten last year emanated largely from this fact—and I say this without any reflection upon Dr. Gilliland's personality, his professional attainments or his ability—that there was a feeling that perchance one who was a freshman in this college of practicing physicians had made the team. Well, usually freshmen take a "plebe" year and then when ability is shown, it is recognized.

There was an effort on foot to have a reconsideration of this election and then it was adjudged inexpedient to put that through.

I have no personal feeling in the matter from Dr. Gilliland's standpoint. His services have been efficient. He has been enthusiastic, and he has achieved. I do feel, with some of my confreres, that this position ought to be accorded to an individual who has been a longer co-worker in the vineyard of effort of our daily lives, and I want to put in nomination for the secretaryship of the Medical Society of Delaware a man who is a native-born Delawarean, one who is a descendant of a family long and respectably known, a family which has achieved, an individual who is noted for his graciousness of salutation, for his kindness of friendship, for his sterling integrity as a man, and for his excellent professional attainments. I am not going to tire you with a longer tirade of eulogy because to do so would be purely a hollow effort.

I would like to place in nomination the name of Dr. John Mullin for the secretaryship of the Medical Society of Delaware.

DR. SMITH: I second the nomination.

PRESIDENT PRICKETT: Are there any other nominations?

DR. NILES: Is further discussion of this nomination in order?

PRESIDENT PRICKETT: Yes.

DR. NILES: I would like then to make a statement.

In the first place, about the only public reward that the physicians of this state or of any other state get is some position of note in the medical society, and that honor should go to a man who has practiced long and successfully and within the bounds of etiquette and medical ethics.

Although we may have younger men in our Society who would make excellent secretaries, I beg to state to you that there isn't any man in this Society who couldn't, if he wanted to be, an efficient secretary. So the matter of ability of the man is out of the question.

But there is a cardinal question that we should weigh, and on which I feel deeply, and that is that the older men, the men of long standing in the profession of the state, should have the preference when it comes to selecting candidates for the offices of our organization. There are a number of young men that are fine, and who have the same qualities maybe that the older men have, but we must not overlook the fact that these older men, the men who have practiced medicine in this state for fifteen, twenty, and thirty years, must be given a hearing, and we must hand them on a silver platter what little honor we can give them as a reward for their integrity and as a reward for their having lived within the ethics and etiquette of our medical organization.

So I wish to second the nomination, if it hasn't already been done, of Dr. Mullin. Dr. Mullin has

been an outstanding character in our medical profession and he has been liked, in fact loved, by all. I feel that we should present him with this honor, not that Dr. Gilliland isn't worthy, but I feel from Dr. Mullin's standpoint as a senior member of this Society and of the profession in this state he should be recognized at this time.

PRESIDENT PRICKETT: Are there any other nominations?

DR. BIRD: Mr. President, if there are no other nominations, and I hear none, I move that the report of the Nominating Committee be accepted, which carries election of all the officers except the Secretary, upon which we will ballot later.

...The motion was seconded by Dr. McElfatrick...

PRESIDENT PRICKETT: It is moved and seconded that the recommendations of the Nominating Committee, with the exception of that for the office of Secretary, be adopted. All those in favor of the motion say, "Aye"; opposed, the same sign. The "Ayes" have it and the Secretary will cast the ballot.

SECRETARY GILLILAND: I so do.

PRESIDENT PRICKETT: I declare these gentlemen elected.

We have two candidates for the office of Secretary. One, Dr. Gilliland, the present incumbent, is named by the Nominating Committee, and Dr. John Mullin is nominated by Dr. Tomlinson. Do you wish to vote by ballot?

DR. McELPATRICK: By ballot.

PRESIDENT PRICKETT: The election then will be by ballot. I will appoint as tellers Dr. Niles and Dr. Bird.

...The ballots were distributed and the members of the House of Delegates proceeded to vote...

PRESIDENT PRICKETT: I have the report of the tellers which is as follows: Dr. Gilliland received six votes, Dr. Mullin nineteen. I therefore declare Dr. John Mullin elected Secretary of the Medical Society of Delaware.

DR. MULLIN: Gentlemen, all I can say is that I will try to do the best I can. I am sure I will need some help, though, and I am sure Dr. Gilliland will be able to help me considerably.

PRESIDENT PRICKETT: I congratulate Dr. Mullin on his election, and wish to state publicly that Dr. Gilliland has been a most efficient Secretary.

New Business

The next order of miscellaneous is New Business. Under that we have Resolutions. I will call on Dr. Gilliland as chairman of the Committee appointed to preview the picture, "Birth of a Baby," to present a resolution along that line.

SECRETARY GILLILAND: Mr. President and Members of the House of Delegates: A special committee appointed by the President this afternoon, consisting of Drs. McElfatrick, Tomlinson, Gay, Davidson, McCollum, and myself previewed the film, "The Birth of a Baby," and present the following report:

Your Committee has previewed the film, "The Birth of a Baby," and unanimously recommends that the House of Delegates approve this picture for public showing in the state of Delaware to persons over the age of sixteen years, or younger, if accompanied by parents.

It is understood that this endorsement does not entail any legal or financial responsibility on the part of the Medical Society of Delaware.

PRESIDENT PRICKETT: What is your pleasure on this matter?

DR. BIRD: Who has seen the picture?

SECRETARY GILLILAND: It is the recommendation of the Committee—

DR. BIRD: Has the Committee seen the film?

SECRETARY GILLILAND: Yes, the Committee previewed the film.

DR. BIRD: I move then that we adopt the report of the Committee, which carries with it a recommendation for the okeh of the picture.

...The motion was seconded by Dr. Smith, put to a vote, and carried...

DR. WILSON: Mr. President, I would like to request the privilege of the floor for Dr. Speer who has a message from the Fracture Committee of the College of Surgeons.

DR. SPEER: Mr. President, the American College of Surgeons for the last several years has been attempting to organize the treatment of fractures throughout the country in a manner so that each community will be able to take care of fractures of any sort.

I have been appointed Regional Chairman for this state and have on my committee Dr. Bird, Dr. Munson, Dr. Beebe, and Dr. Wilson.

I would like, if this House of Delegates so feel, to have them pass a motion stating that they are in accord with this attempt of the American College of Surgeons to standardize the treatment of fractures, so that I can report that to the Fracture Committee in New York next week.

DR. BIRD: Mr. President, I move it be declared the sense of this Medical Society, as voiced in its House of Delegates, that we approve the efforts of the American College of Surgeons to standardize the treatment of fractures in this country.

...The motion was seconded by Dr. Tomlinson, put to a vote, and carried...

PRESIDENT PRICKETT: Are there any other resolutions?

I have a communication: The Wilmington New Century Club extends a cordial invitation to the members of the Delaware Medical Society to attend a lecture, "The Road Ahead in Public Health," to be given by Dr. Thomas Parran, Surgeon-General of the United States Public Health Service, at the Club, 1014 Delaware avenue, on November 9, at 3.15.

At this time it is customary to order all bills paid for this session after approval by the Finance Committee.

DR. BIRD: Does that require a motion, sir?

PRESIDENT PRICKETT: Yes.

DR. BIRD: I so move.

...The motion was seconded by Dr. Mullin, put to a vote, and carried...

PRESIDENT PRICKETT: Next is Approval of the Scientific Program.

DR. BIRD: I move the program as printed be approved.

...The motion was seconded by Dr. Tomlinson, put to a vote, and carried...

PRESIDENT PRICKETT: Next is the selection of a meeting place for next year. The proper rotation, of course, would take it to New Castle County.

DR. MULLIN: I move that Wilmington be the place of the next meeting.

...The motion was seconded by Dr. Tomlinson, put to a vote, and carried...

PRESIDENT PRICKETT: Miscellaneous Business.

DR. BIRD: Mr. President, Dr. Mayerberg has been speaking to me about a matter that was previously discussed, in connection with one of the reports, and wants to know if we will give him the privilege of the floor for a moment or so, and I so request.

PRESIDENT PRICKETT: It is granted.

DR. MAYERBERG: Mr. President, I asked for this privilege because I have been thinking over that resolution that the House of Delegates adopted after Dr. Tarumianz's report.

That resolution is entirely wrong. In the first place, we ask the Medical Society of Delaware to ask the Legislators to appropriate funds. Dr. Tarumianz told us here that he was crowded, that he needed 350 beds, and on top of that he asks for funds and buildings to take care of all the drunks that we can corral in the state and every senile victim that we can find in the state.

We have agencies in each county throughout the state to take care of the senile. His hospital is a mental hospital, not a dumping-ground for all the derelicts that we can find. I want you to know that it costs the taxpayers a lot of money to run that institution. If we are going to keep adding and adding to take care of these miscellaneous cases, there will be no stopping. I would suggest that you just build a roof over the state. That would be the best thing to do.

I have no right—I am not a delegate—to move that that particular resolution be reconsidered or rescinded, but I do serve notice now that if some action isn't taken by tomorrow morning I am going to get up on the floor in open meeting and bring this point up before the general organization because I feel very, very strongly on that point.

Dr. Tarumianz has a marvelous hospital and there is not a finer superintendent or manager anywhere than he is. I admire him and I respect him for his ability. He is a humanitarian, I am afraid too much so, because certainly he should have stopped to consider the expense of the project. That hospital should not be made the dumping-ground for all the derelicts in the state or those who may wander into the state.

DR. TARUMIANZ: Mr. President, if my good friend, Dr. Mayerberg, will have the stenographer read that resolution that we adopted, he will see that there is not a word in it about the Delaware State Hospital. It says, "to make adequate provision for seniles and alcoholics who do not have psychoses."

I don't care where you send them as long as you don't send them to jail, because if you or I had an unfortunate father who was a drunkard we certainly wouldn't like to see him in jail for ten or twenty days. The same thing applies to seniles. We don't want any of them. We are simply asking you to do something so they will not be a community problem. I didn't ask that they should be sent to State Hospital and you will not find a single word in that resolution about the State Hospital. We certainly don't have any means to take care of them. We don't have means to take care of our adequately diagnosed psychotics so, obviously, I wouldn't ask for such a thing.

I said in my report, but not in the resolution, if they don't find any other means to take care of them and if the Legislature finds it appropriate to do so, that they create additional departments that would be on an entirely different basis. For instance, alcoholics must go into a special colony, a self-supporting colony, as they do in Wisconsin.

DR. MAYERBERG: That satisfies my point.

DR. TARUMIANZ: It has nothing to do with Delaware State Hospital. The only thing that

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EDITORIAL

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WHAT THE LAYMAN THINKS

In the flurry that precedes the January legislatures one finds quantities of propaganda for this, that and the other thing, much of which is of no special importance to the medical profession, but some of which is not only of interest to us but—sad but true—actually hostile. How refreshing it is, then, to find a kind word for the doctor, here and there! Anent the fanfare for compulsory health insurance, the *American Agriculturist*, oldest farm journal in America, in its leading editorial of November 5, 1938, has this to say, for which our thanks:

NO "STATE MEDICINE" FOR AMERICANS

A few days ago a woman friend was visiting with me about how much good in the world a doctor, whom we both know, had done in helping

people with arthritis. "But, you know," said my friend, "that doctor's cheerfulness and optimism always helped me almost as much as his medicine."

Another one of my physician friends has a big sign up in his office which reads, "Take my pills and grow fat." I have known that old doctor ever since I can remember, and I know that his pills help a lot but not half so much as his friendly, jolly, encouraging personality.

In my own family was an uncle who as a country doctor rode the rural hills through the sunshine and storms of sixty years. There is hardly an old farm family of that whole section who has not had the experience of feeling the awful responsibility and worry over a sick loved one lift when that kindly, cheerful old family doctor finally got on the scene.

But now our friends, the reformers, would change all this. They think that the family doctor is a relic of the horse and buggy days. So into Congress in the next session bills will be introduced which would replace our present system of medicine by having the government take it over and run it. "State" medicine is the name of the new scheme. There are many poor people under the present system who probably go without adequate medical and dental care because of the expense. It is true also that many doctors have to do too much for nothing or overcharge those who pay because of those who can't or won't.

But the remedy is certainly not regimentation of doctors and medicine under a lot of Federal bureaucrats, with the whole system more or less controlled by politics. It is certainly not the appointment by some government agent of a certain doctor for your family whether you like him or not, his fees paid by the government from public taxes. That very thing would destroy the splendid relationship between the family physician and his patient which has become an American tradition. In its place there would be substituted a medical man, an employee of some government bureau and not your employee.

The doctors themselves, through their organizations, have suggested an answer to the problem: First: Let the state continue and even extend its public health work to educate and guard people in the field of preventive medicine.

Second: Arrange for that part of the population which is clearly unable to pay doctors' and dentists' fees to be taken care of by local authorities or possibly by representatives of the State Health Department, never by distant Federal authorities. Under this plan the doctor would not have to do too much charity work nor overcharge his paying patients.

Third: Leave the rest of us alone to run our own lives, choose our own physician and pay him a reasonable fee. Then we can continue to stand on our own feet, keep our self-respect and maintain the splendid and helpful relationships that have existed in the past between the doctor and his patient.

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Delaware State Hospital might do would be to give a guiding hand if they create such a colony. But it is a problem that every general practitioner is confronted with every day and something must be done about it.

As to sedatives, that doesn't enter into this question at all, I suppose.

Is that clear?

DR. MAYERBERG: Yes, that satisfies me.

DR. TARUMIANZ: I don't want to have any misunderstanding. We don't want any more burden than we now have.

PRESIDENT PRICKETT: Is there any other miscellaneous business? If not, I will entertain a motion for adjournment.

... Upon motion duly made, seconded, and carried, the meeting adjourned at eleven forty-five o'clock p. m....

BOOK REVIEW

Sickness Insurance in Europe. By J. G. Crownhart, Secretary, State Medical Society of Wisconsin. Pp. 134. Cloth. Price, \$1.00. J. G. Crownhart, Madison (Wis.), 1938.

Mr. Crownhart's book, originally published as a supplement to the October *Wisconsin Medical Journal*, gives us an authoritative picture of things as they are, utterly devoid of bias or propaganda. The pages recite factually the conditions found in Europe after many years of experience with compulsory health insurance, and once these facts lodge clearly in our minds, we are compelled to say once more: we like the free-thinking, free-acting American way best. This is the best documented book on this subject that has yet come our way.



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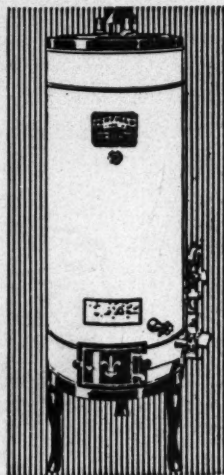
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